



THE ROLE OF MEDIA IN GENERATING HIV/AIDS AWARENESS IN INDIA

**ABSTRACT
OF THE
THESIS**

SUBMITTED FOR THE AWARD OF THE DEGREE OF

Doctor of Philosophy

IN

MASS COMMUNICATION

BY

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UNDER THE SUPERVISION OF
Dr. AFRINA RIZVI

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ALIGARH MUSLIM UNIVERSITY
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Abstract

For many centuries human kind faces many problems and diseases, but danger HIV/AIDS has posed is of no match. This is the worst scourge that the civilised world has ever faced. Man has never been so helpless and disgruntled since the arrival of this menace. It has affected and shook the very foundations of human existence. India is a developing country and the development can be seen all around. Health sector in India is also witnessing a boom. With the development of effective vaccines and modern antibiotics, the threat of communicable diseases was largely contained. In the early eighties, when the first few cases of AIDS were reported, few might have realised its propensity to become a global public health problem. In a span of over two decades, since its first identification, HIV infection has become a pandemic and has posed a formidable challenge to mankind, in almost all aspects of life. AIDS came to be known in India in 1986, and according to current trends in data it is clear that it is sweeping the whole country. Although there is a marginal decrease in cases related to HIV/AIDS. Lot is to be done in the future to secure the health of our coming generations. Present generation has seen the worst part of the epidemic.

This acquisition of knowledge is not only required for medical and paramedical personnel, but also to some extent, to majority of population, particularly high risk one. In present circumstances, AIDS prevention largely depends on health education and behavioural changes based on AIDS awareness, particularly among young adults who are prone to risky

behaviour. Mass media can be best carrier in executing plans and policies and in promotion and propagation against HIV/AIDS.

This research work tries to delve into two areas of study which are being interrelated, the use of media and its efforts to curb it. An analytical attempt has been made to study the role played by the media in India in generating HIV/AIDS awareness and whether these information is affecting the awareness level of the selected target group in physical terms.

Objectives of the study

General objective:

To review the role of mass media in generating HIV/AIDS awareness in India by examining major studies taken for this purpose. Also to assess types of media accessed by select target group of students of Aligarh Muslim University and examine their role in generating HIV/AIDS awareness.

Specific objectives:

1. To review the use of mass media for HIV/AIDS awareness.
2. To conduct quantitative research with the target group to validate the findings of the survey.
3. To study the demographic profile of the selected population through a statistical survey.
4. To analyse the awareness level of the select target group regarding implications of the disease.
5. To find out the media preferences of the select target group for getting information about HIV/AIDS.

Thus an attempt has been made in the following pages to briefly study the role of media in generating HIV/AIDS in India. The study takes into account all the possible aspects in understanding the dynamics of HIV/AIDS and its awareness in India.

A special emphasis has been laid on the salient features role of media and its areas of activity in India. The repetition of informational facts and figures has as far as possible been avoided, but when for the sake of continuity of narrative it seemed essential to refer to them, this has been done with great brevity. Due caution, however has been taken not to leave out anything of real importance, in the present thesis, care has been taken to utilise all the latest facts and figures and published work within reach.

Organization of the thesis

The thesis is divided into following sections which are as follows:

1. Introduction
2. Review of Literature
3. Chapter 1: HIV/AIDS awareness: An overview
4. Chapter 2: AIDS control programmes in India
5. Chapter 3: Media as a tool
6. Chapter 5: Media in action
7. Chapter 5: Survey
8. Conclusion
9. Bibliography

The division of the thesis in the above sections chapters is briefly described here:

Introduction

The objectives and the purpose of the study are introduced in this section. It also mentions the methodology of the survey with survey design and how the selection of the sample is done. A pilot study was also done to make the survey more appropriate.

Review of literature

This is the first chapter of the thesis, which deals with review of the works done in the area of the study. The pertinent studies related to the work from India as well as around the world are reviewed to ascertain the quantum of HIV/AIDS awareness. Research papers, thesis, survey based research papers were studied at length to determine whether they can be useful in understanding the topic of the research.

HIV/AIDS awareness: An overview

This is the second chapter of the thesis which primarily made an elaborate insight into the epidemic and the factors which are driving this and the efforts which are taken to curb this disease. The chapter delves into the history of the origin of HIV/AIDS, which traces the root of disease and how it spread to all parts of India and what are the efforts taken by the government to control it in the initial stages. The chapter discusses at length the driving factors like biological, socio-cultural, socio-economic etc. which are helping in spreading of the disease.

One of the topics which has been discussed in detail and is very pertinent is the HIV/AIDS awareness and the role of communication. Ways to spread awareness apart from mass media like religion and through community participation. Role of IEC is discussed in the chapter,

activities of IEC and the recent steps taken by the government through it to control it.

HIV/AIDS control programmes in India

This is the third chapter of the thesis which deals in details of the programmes initiated by the government from its initial stages up to present times from national level to the state level. It focuses on the National AIDS Control Programme as well as the works of State AIDS Control societies. Some light is also shed on the privately funded organisations. The chapter discusses some of the major awareness programmes initiated by the government of India in order to take control of the disease which are spreading like a wild fire. Some light is also thrown on the activities of the foreign organisation like Bill and Melinda Gates foundation and Kaiser Family Foundation etc. Actions of the NGO's like AAG and Avahan are also discussed in the chapter.

Media as a tool

This the fourth chapter of the thesis deals with aspect that how media can be used as a tool to curb the growing menace of HIV/AIDS. It deals how communication mediums of media can help in fighting this disease. Reporting of the HIV/AIDS is also discussed foremost aspect of media in creating awareness about HIV/AIDS is how the issue being reported in the media and to support this some guidelines laid out by Press Council of India are also highlighted. How media is evolved from basic tool of giving information to the biggest tool to control HIV/AIDS. What are the development that has taken place over a period of time in media. The chapter highlighted the developments in print and electronic media in promoting HIV/AIDS prevention in cities as well as in rural areas. The new ways and types of outdoor arvertising are also discussed. The chapter

closes with depicting media as a message carrier and the role it plays in shaping the society.

Media in action

This is the fifth chapter of the thesis which deals with the activities of the different media and the kind role they are playing for trying to spread awareness about HIV/AIDS. The chapter discuss in detail actions of TV channels which are making AIDS specific programmes and related aspect. Today's world believes on visuals added with sound i.e. Television, which proved to be the most innovative mass media ever invented. Apart from it Radio, and for the literate population. Newspapers contribute greatly to the imparting of messages of public interest. In this chapter an insight into the fact that media is not only about broadcasting or telecasting. An elaborate attempt has been made in this chapter to show case some of the major programmes and campaigns by the different media organisations to combat against the disease.

Survey

This is the sixth chapter of the thesis. This chapter consists of all the statistical analysis and review. Mathematical and statistical inferences were also discussed in the chapter. After this, findings of the survey are analysed which is consists mainly of the tables and their statistical interpretations. All the variables of the questionnaire are discussed in detail in light of the survey analysis. An extensive conclusion was also made to support the data and its analysis.

Conclusion

This is the main conclusion of the thesis and it covers all the chapters and the area of research.

Bibliography

In the end of the thesis, a list of books, research papers, online articles, reviews, stories from newspapers and magazines, online journals were made to make the thesis more referential.



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30 SEP 2014



T8514

Dedicated to My Late Parents
Syed Farrukh Ali Jlali
Najma Usmani



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Dated 24.8.13

DR. AFRINA RIZVI

Associate professor

Certificate

Certified that **Mr. Syed Fahar Ali** worked under my supervision on **“The role of media in generating HIV/ AIDS awareness in India”**. This thesis is the original work of the candidate and I find it suitable for submission for the award of the Degree of Philosophy.

Afrina Rizvi
(Dr. AFRINA RIZVI)
Supervisor

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Syed Fahar Ali

List of Abbreviations and Acronyms

- **AAG** -AIDS Awareness Group
- **AIDS**- Acquired Immuno Deficiency Syndrome
- **AMU**- Aligarh Muslim University
- **CSR**-Corporate Social Responsibility
- **DAVP**- Directorate of Advertising and Visual Publicity
- **GIPA**-Greater Involvement of People with HIV/AIDS
- **HIV**- Human Immunodeficiency Virus
- **ICMR**- Indian Council for Medical Research
- **IDU**- Intravenous drug Users
- **IEC**- Information Education and Communication
- **MCI**- Medical Council of India
- **MDG**- Millennium Development Goals
- **MSM**-Men having Sex with Men
- **MTP**- Medium Term Plan
- **NAC**- National AIDS Committee
- **NACO**- National AIDS Control Organisation
- **NACP**- National AIDS Control Programme
- **NCC**- National Cadet Corps
- **NCC**- National Cadet Corps
- **NRHM**-National Rural Health Mission
- **NRS**- National Readership Survey
- **NSS**- National Service Scheme
- **NYKS**- Nehru Yuva Kendra Sangathan
- **PCI**- Press Council of India
- **PHC**- Primary Health Centers

- **PLHIV**- People Living with HIV
- **PMTCT**- Preventing Mother To Child Transmission
- **PPTCT**- Prevention of Parent To Child Transmission
- **SACS**- State AIDS Control Societies
- **SPYM** -Society for Promotion of Youth and Masses
- **STI**- Sexually Transmitted Infection
- **UNDP**- United Nations Development Programme
- **UNFPA**- United Nations Population Fund
- **UNICEF**- United Nations International Children's Emergency Fund
- **UNODC**- United Nations Office on Drugs and Crimes
- **VCTC**- Voluntary Counseling and Testing Centers
- **WHO**- World Health Organisation
- **ZMQ**- Zero Message Queue

Introduction

This century has witnessed many ups and downs and problems like poverty, unemployment and social unrest. Above all is one of the greatest risks to the human race ever, HIV/AIDS which has affected health of millions of people all across the globe. One of the major actions taken to curb this menace apart from the medical interventions is the creation of awareness for its prevention through communication; this is perhaps the only way through which we can put some brakes on this worldwide epidemic. Communication is the major domain of human endeavor which is considered the key element in linking or dispatching messages. The triple 'M' theory of the emergence of mass society, mass culture and mass communication is linked to the formation of nations and societies.

There are numerous definitions of the term 'communication'. According to the famous philosopher, Aristotle, communication is the study of all means of persuasion. To Berlo, the sole purpose of communication is to influence. According to Schramm, information is of no use unless and until it is carefully put into words and conveyed to others.

Taking into account the severity of the disease, communication especially through mass media, which at present times is available in formats like TV, Radio, Newspaper, Magazines, Banners, Hoardings and Internet can provide useful information in an effective manner in order to prevent the disease. Information provided by these media often amalgamates into a new form of communication that is personal communication.

Majority of HIV/AIDS affected population lies in the category of youth not only in India but all around the world. Youth is defined by Webster's New World Dictionary as "The time of life when one is young, especially, a) the period between childhood and maturity b) the early period of existence, growth, or development. In all parts of the world the

terms "youth", "adolescent" and "young person" often mean the same. A large section of India's population consists of young people. This fact is interestingly important for the entertainment industry which provide tailor made content for the youth as they mostly are their main targeted audiences. Sex is the favourite subject they choose to provide entertainment. Unfortunately in the course of this they often provide misleading and inaccurate information about sex, as in India social taboos still do not allow people to talk freely about sex or provide sex education. Efforts are now being taken to use the mass media to make the youth aware and to adopt healthy and safe sexual behavior.

India is a developing country which is confronted by a number of social problems, especially those relating to the young people. Youth is a period of great significance in an individual's life. It is an unarguable fact that the youth can impact a country substantially in its social and economic growth. But the proper development of human resources and the successful tackling of social problems can be achieved only by those with a deep commitment to serve their society to the best of their abilities.

The broad purpose of the study

This study aims at finding out the role of mass media in generating HIV/AIDS awareness in India with the following purposes:

- Examine the basic nature of HIV/AIDS awareness, different factors involved, historical analysis, sectors through which awareness can be spread and implications of HIV/AIDS.
- Analyse the different AIDS control programmes initiated by the government and private organisations.
- Analyse the role of media as a tool to curb the growth of HIV/AIDS.
- To survey a select target group and assess AIDS and mass media awareness.

- Study of the activities of different kinds of media in creating general awareness through promotion and propagation.

Objectives of the study

General objective:

To review the role of mass media in generating HIV/AIDS awareness in India by examining major studies taken for this purpose. Also to assess types of media accessed by select target group of students of Aligarh Muslim University and examine their role in generating HIV/AIDS awareness.

Specific objectives:

1. To review the use of mass media for HIV/AIDS awareness.
2. To conduct quantitative research with the target group to validate the findings of the survey.
3. To study the demographic profile of the selected population through a statistical survey.
4. To analyse the awareness level of the select target group regarding implications of the disease.
5. To find out the media preferences of the select target group for getting information about HIV/AIDS.

Methodology

A thorough analysis was undertaken of the major studies conducted in India and abroad to assess the role of mass media in generating HIV/AIDS awareness. A study based on major programmes offered by main TV networks, radio channels and campaigns and coverage undertaken by major dailies of India was also incorporated.

An overview was also taken of the major initiatives taken by different governmental and non-governmental organizations in India to spread awareness about HIV/AIDS and their outcomes. Issues such as misconceptions about HIV/AIDS and how the press coverage of the disease evolved are also given special attention. After a comprehensive analysis and understanding of the literature available on mass media's contribution to the cause of spreading awareness about AIDS, it was felt that a direct interaction was needed with the most vital section of the society, namely youth. For various reasons such as a conservative society and importance of social and religious attitudes in combating HIV/AIDS awareness, students of Aligarh Muslim University were thought to be most suitable for the interaction. Therefore a descriptive survey aimed at post graduate and research scholars of AMU was conducted in different departments of Aligarh Muslim University, Aligarh during June-September, 2012. The survey, as stated above was conducted with the aim to collect primary data for systematic evaluation of knowledge, attitude and beliefs among the youths of A.M.U. An exploratory study was also conducted before the final selection of the target group in A.M.U. It was a small study but revealed a big problem. AIDS as an issue is not discussed in smaller cities. Although the disease has started spreading its arms into the interiors of the country but the issue is still considered a taboo in the orthodox sections of the society.

Selection of AMU students for the survey is crucial for other valid reasons too. Majority of students enrolled in A.M.U belong to Muslim community which is known for orthodox values and attitudes. Besides, the study also provides an opportunity to know whether the exposure to higher education prepares them to change their attitude and to think beyond traditional concepts and beliefs.

The data was collected from a total of 650 subjects with the help of semi-structured questionnaires to assess the baseline knowledge, attitudes and beliefs among students of various departments/faculties of A.M.U. The consent was taken prior to filling of questionnaire seeking matter of confidentiality in view of the seriousness of HIV/AIDS.

A two stage stratified random sampling technique was used to select subjects under study. At the first stage, the total sample size was distributed proportionate to the total number of students in selected departments of AMU. The numbers thus obtained were distributed in two groups of students namely Post Graduate and Research scholars proportionate to their sizes. From each determined group of students, the desired numbers of subjects were chosen randomly. The final sample size consisted of 440 Post Graduates (210 females and 230 males) and 210 Research Scholars (110 females and 100 males) from different departments of Aligarh Muslim University (See Table. A & B).

Table for total no. of students from the selected faculties

Groups	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Arts	271	277	185	221	954
Commerce	144	68	34	25	271
Law	29	22	23	14	88
Management	259	76	26	18	379
Social Science	395	593	226	265	1479
Theology	44	23	23	7	97
Total	1142	1059	517	550	3268

Table. A

Table for total no. of respondents from the selected faculties

Groups	Post Graduate (PG)		Research Scholar		Total
	Male	Female	Male	Female	
Arts	54	55	35	44	188
Commerce	30	14	7	5	56
Law	6	4	4	3	17
Management	52	15	5	4	76
Social Science	79	117	44	53	293
Theology	9	5	5	1	20
Total	230	210	100	110	650

Table. B

Bivariate and multivariate techniques were used to examine knowledge levels about HIV/AIDS among these students. Multivariate logistic regression model was used to examine the effect of different demographic factors with regard to having comprehensive knowledge about HIV/AIDS among students. Different factors used in the regression model were sex, marital status, profession of father and mother and educational level.

Sample Selection

The first aspect of sample selection was to decide the population. Senior level students i.e. Post Graduates and Research Scholars had been chosen as the population to be studied right at the time of the conception of the study, as these were among the highest in terms of education of the students studying and their level of understanding was also considered to be high. The selection of students from different faculties is based on the fact that science students must have already be having a good knowledge

of HIV/AIDS. Thus students belonging to faculty of medicine, engineering and agriculture science as well as faculty of science and life science were not included. A.M.U comprises of faculties namely Agricultural Sciences, Arts, Commerce, Engineering & Technology, Law, Life Sciences, Management Studies & Research, Medicine, Science, Social Sciences, Theology and Unani Medicine. The faculties chosen for this study are Arts, Social Sciences, Commerce, Management, Theology and Law (See Table. A).

Since the study area and type of sample population had already been decided, a multi stage sampling procedure was used to select the sample for this study. Before deciding on the suitable sampling technique the following points were considered.

1. **Cost versus value:** The sample should produce the greatest value for the least investment. Since the cost of a very large sample would be too high in relation to the type of quality of information collected, a suitable sample of 650 was considered sufficient to meet the statistical requirements of the study. The findings of this research would not be used at once for generalisation to the population, causal analysis was not conducted.
2. **Amount of error allowed:** The primary data collected by researcher, has been entered into the MS Office Word 2010 by the researcher himself at the cost of a lot of time and effort. This has ensured uniformity, consistency and least possible error in data entry.

Selection procedure for the study area and for sample:

The subjects here were selected on the basis of specific characteristics or qualities. The Post Graduate and Research Scholars students had to be from the specific faculties selected for the survey. This would automatically eliminate students in the rest of the A.M.U. A multi stage sampling procedure was designed.

Multi Stage sampling

First Stage: Random selection of Department from Faculties

Here the sample had to represent a specific population of Post Graduates and Research Scholars. A list of departments from each faculty selected was drawn and departments were picked randomly from each faculty.

Second Stage: Random selection

Since the age group of the students had to be between 21 to 30 there was no difficulty in selecting the departments for the study. Faculties like Commerce, Law, Management and Theology does not have separate departments and then the faculty itself is equivalent to a department. However, the problem arose with regard to the selection of the departments in faculties like Arts and Social Sciences which have large number of departments. Following departments of Arts faculty were Arabic, English, Fine Arts, Hindi, Linguistics, Modern Indian Languages, Persian, Philosophy, Sanskrit, and Urdu. The departments selected from Arts faculty are Hindi, English, Urdu, Arabic, Persian, Linguistics and Modern Indian Languages. The faculty of Social Science comprises of West Asian Studies, Economics, Education, History, Islamic Studies, Mass Communication, Library and Information Sciences, Psychology, Physical Education, Political Science, Sociology, Social Work. The departments selected from Social Science are History, Sociology, Political Science, Economics, Psychology, Mass Communication, Islamic Studies and Education is selected. The samples from each P.G's group were selected on the basis of class enrolment. Post Graduate and Research Scholars were collected from the selected faculties relating to randomly selected department. There was no particular order for students from the various departments in each faculty. This procedure was followed in all the departments that formed the population.

No. of respondents from Department's of Arts faculty

Groups	Post Graduate		Research Scholar	
	Male	Female	Male	Female
Hindi	8	6	7	7
English	12	11	8	12
Urdu	11	12	7	9
Arabic	9	10	4	6
Persian	6	6	4	5
Linguistics	5	7	3	4
Modern Indian Languages	3	2	2	1

Table. C

No. of respondents from Department's of Social Science faculty

Groups	Post Graduate		Research Scholar	
	Male	Female	Male	Female
Economics	10	11	9	10
History	14	21	10	11
Islamic Studies	16	13	6	7
Political Science	15	20	6	8
Psychology	9	18	5	8
Mass Comm.	8	16	5	2
Education	7	18	3	7

Table. D

Sample size

The primary consideration in determining the sample size is the methodology to be used. Since, here a survey methodology was being used and a large sample size had to be chosen. A sample size of 650 was considered appropriate. On visiting faculties, where the survey would finally be conducted the researcher found that 20% of the population

would be adequately representative. Thus, finally a sample size of 650 questionnaires was drawn.

Research Tool

A close ended questionnaire was chosen as the tool for this quantitative survey. The respondents were asked to select an answer from a list provided by the researcher. This helped in the final analysis as the responses could be easily quantified.

Pilot Study

A pilot study was conducted amongst 70 students in order to test the tool. The questionnaire was improved as per the result of the pilot study. The main concern here was to check whether the terminology used by the researcher was also the one used by males and females. They helped the researcher in the language and proper phrasing of the questions so that they would be understood by the respondents. As per the result of the pilot study, some questions had to be deleted, some had to be changed, and some had to be rewritten to suit the language of the respondents.

Length of the questionnaire

Although the researcher was interested in keeping the questionnaire short because of the short attention span of the target group, it was not possible because all questions that covered the topic under investigation had to be asked. Since the survey was conducted in an informal setting, and an environment in which the respondent was given enough time to think and answer freely, it was not a problem to get the respondents to completely answer all the questions. Since the researcher had taken some of their time, the students loved the distraction from regular study and were very interested in answering the questions. Thus

the size of the questionnaire did not prove to be a hurdle in getting adequate response.

Questionnaire Design

Introduction

The legitimacy of the survey and the secrecy maintained helped the respondents to trust the researcher and answer all the questions unhesitatingly.

Instructions

The respondents were orally instructed by the researcher to only tick the desired option in the corresponding boxes. The students were quick to understand the procedure and followed the instructions very carefully.

Order of questions

The questionnaire was clearly divided in to four different sections.

The Demographic Profile

Under this section the respondents were asked questions about their age, sex, class in which they are studying, the profession of their parents and their marital status. These questions led to a clear picture of the type of respondent.

The Mass Media Profile

Under this section questions were asked about the kinds of media which the respondent finds most effective and he/she reaches out to for entertainment and general awareness. This section had questions on the sources of AIDS information for the first time and comparative differences between HIV and AIDS.

The HIV/AIDS awareness profile

In this section questions related to the kind of awareness level that the respondents have knowledge about how HIV/AIDS can be spread from one person to the other were asked.

Knowledge of AIDS

This section was only to find out the respondent's knowledge about AIDS. The questions were asked about specific topics related to AIDS. One question was asked in which the respondents were asked to mention their age when they first heard about HIV/AIDS.

A total of 13 questions were asked where question no. 8 has been divided into 9 parts in order from A to I. The respondents took 15-20 minutes to complete the questionnaire.

Inferential Analysis

For this study following will be null and working hypotheses:

H₁- Radio and TV among the mass media are the best sources of information regarding the HIV/AIDS

H₀. Radio and TV give equal amount of information as other mass media resources for HIV/AIDS

H₂-Level of awareness about HIV/AIDS is more in case of males as compared to females.

H₀-Level of awareness about HIV/AIDS is equal in case of male and female students.

Following research questions are also formulated in order to find out the important aspects related to the role of media in generating HIV/AIDS awareness in India:

1. What is the source of first information about HIV/AIDS in case of male students and why?
2. What is the source of first information about HIV/AIDS in case of female students and why?
3. Which medium gave the best information about HIV/AIDS in case of male students?
4. Which medium gave the best information about HIV/AIDS in case of female students?

5. Which among the preferred mass media is most reliable for information regarding HIV/AIDS?

In order to test the hypotheses Chi square (X^2) test will be done.

Chi square is defined as the difference between observed data and the expected frequencies will be applied. Chi square values for large tables and for small tables are different.

The chi square value is compared to the size of the table in the study. The calculation for the size of the table is referred as Degree of Freedom (df) of the table. It is computed as per the following formula:

$$Df = (\text{no. of rows} - 1) \times (\text{no. of columns} - 1)$$

In order to find whether the chi square value is more or less than the critical value - the data is analysed using the above formula to reflect true significance level in the chi square tables.

Thus, if the value of chi square is less than the critical value one cannot reject the null hypotheses. If the value of chi square is greater than or equal to the critical value, the null hypothesis is being rejected. It can be summarised thus:

$$\sum = \frac{(O - E)^2}{E}$$

Where O = observed value

E = expected value

This statistical methodology has been used to make inferences about the data as well as to support or reject the null hypothesis.

Overview of the present study

The area of the study makes an insight into both the avenues i.e. use of mass media and HIV/AIDS awareness. Through this work an effort has been made to relate between two areas of study, which are being

interrelated, the use of media and its efforts to curb it. As for HIV/AIDS it has transcended all geographical boundaries especially among young people who are sexually active and do not have any accurate information about reproductive health.

Mass communication can best serve in this process, if it is treated as a science, art and indeed a subject matter. Mass media as the general populace think is more than editing or reporting. Now the mass media is taking the role of educator and this study also tries this aspect. It can be beneficial for all those ill-informed people who are at greater risk of having caught in the web of unclaimed hazards of the disease.

Scope and limitations of the study

This research study gives relevant information about the seriousness of HIV/AIDS situation in India. The statistical analysis and review of HIV/AIDS awareness in India provides an insight into the quality and measuring of media awareness about HIV/AIDS. The mass media activities help us in designing future course of interventions in HIV/AIDS in India. An analytical attempt has been made to study the role played by the media in India in generating HIV/AIDS awareness and whether these information is affecting the awareness level of the selected target group in physical terms.

The information derived from the media about HIV/AIDS awareness is very useful not only for further study in this area but for better understanding the level of knowledge of the youth.

The comparison drawn between males and females of Post Graduation and Research Scholars gives the work a 2 dimensional view. This research work can be used for future research, as all the data is available with researcher in hard and soft formats. Only the data which is pertinent to the objectives of this study was used by the researcher.

This research work is the original study of one person. A survey was conducted with help of 650 questionnaires by using appropriate methods which enhances the usefulness of the research. Statistical tools of means and percentages have been used to show the data. There is enough of scope of limitations of the study. No study can be absolute in nature.

Limitations of the study

- The survey is largely dependent on sampling technique.
- Review of analytical study may have not covered some topics regarding HIV/AIDS awareness.

Suggestions for further research

- A specific mass media like TV, radio or newspaper can be taken for a content analysis to understand more about the perceptions of the targeted population.
- The electronic media can be analysed through recording the views of the respondents involving modern equipment to make it more viable for analytical study.
- A specific research can also be done on the role of outdoor advertising like banners, hoardings, pamphlets etc. in HIV/AIDS awareness.
- Some research work can also be done in vernacular press by content analysis of messages and news stories about HIV/AIDS.
- Questionnaires in multi lingual format can be added for survey research for better understanding of the respondent.

Organization of the thesis

The thesis is divided into following sections which are as follows:

1. Review of Literature
2. Chapter 1: HIV/AIDS awareness: An overview

3. Chapter 2: AIDS control programmes in India
4. Chapter 3: Media as a tool
5. Chapter 5: Media in action
6. Chapter 5: Survey
7. Conclusion
8. Bibliography

The division of the thesis in the above sections chapters is briefly described here:

Review of literature

This is the first chapter of the thesis, which deals with review of the works done in the area of the study. The pertinent studies related to the work from India as well as around the world are reviewed to ascertain the quantum of HIV/AIDS awareness. Research papers, thesis, survey based research papers were studied at length to determine whether they can be useful in understanding the topic of the research.

HIV/AIDS awareness: An overview

This is the second chapter of the thesis which primarily made an elaborate insight into the epidemic and the factors which are driving this and the efforts which are taken to curb this disease. The chapter delves into the history of the origin of HIV/AIDS, which traces the root of disease and how it spread to all parts of India and what are the efforts taken by the government to control it in the initial stages. The chapter discusses at length the driving factors like biological, socio-cultural, socio-economic etc. which are helping in spreading of the disease.

One of the topics which has been discussed in detail and is very pertinent is the HIV/AIDS awareness and the role of communication.

Ways to spread awareness apart from mass media like religion and through community participation. Role of IEC is discussed in the chapter, activities of IEC and the recent steps taken by the government through it to control it.

HIV/AIDS control programmes in India

This is the third chapter of the thesis which deals in details of the programmes initiated by the government from its initial stages up to present times from national level to the state level. It focuses on the National AIDS Control Programme as well as the works of State AIDS Control societies. Some light is also shed on the privately funded organisations. The chapter discusses some of the major awareness programmes initiated by the government of India in order to take control of the disease which are spreading like a wild fire. Some light is also thrown on the activities of the foreign organisation like Bill and Melinda Gates foundation and Kaiser Family Foundation etc. Actions of the NGO's like AAG and Avahan are also discussed in the chapter.

Media as a tool

This the fourth chapter of the thesis deals with aspect that how media can be used as a tool to curb the growing menace of HIV/AIDS. It deals how communication mediums of media can help in fighting this disease. Reporting of the HIV/AIDS is also discussed foremost aspect of media in creating awareness about HIV/AIDS is how the issue being reported in the media and to support this some guidelines laid out by Press Council of India are also highlighted. How media is evolved from basic tool of giving information to the biggest tool to control HIV/AIDS. What are the development that has taken place over a period of time in media. The chapter highlighted the developments in print and electronic media in

promoting HIV/AIDS prevention in cities as well as in rural areas. The new ways and types of outdoor advertising are also discussed. The chapter closes with depicting media as a message carrier and the role it plays in shaping the society.

Media in action

This is the fifth chapter of the thesis which deals with the activities of the different media and the kind of role they are playing for trying to spread awareness about HIV/AIDS. The chapter discusses in detail actions of TV channels which are making AIDS specific programmes and related aspects. Today's world believes on visuals added with sound i.e. Television, which proved to be the most innovative mass media ever invented. Apart from it Radio, and for the literate population. Newspapers contribute greatly to the imparting of messages of public interest. In this chapter an insight into the fact that media is not only about broadcasting or telecasting. An elaborate attempt has been made in this chapter to showcase some of the major programmes and campaigns by the different media organisations to combat against the disease.

Survey

This is the sixth chapter of the thesis. This chapter consists of all the statistical analysis and review. Mathematical and statistical inferences were also discussed in the chapter. After this, findings of the survey are analysed which consists mainly of the tables and their statistical interpretations. All the variables of the questionnaire are discussed in detail in light of the survey analysis. An extensive conclusion was also made to support the data and its analysis.

Conclusion

This is the main conclusion of the thesis and it covers all chapters and area of research.

Bibliography

In the end of the thesis, a list of books, research papers, online articles, reviews, stories from newspapers and magazines, online journals were made to make the thesis more referential.

Review of Literature

Mass media has been reporting HIV/AIDS cases and discussing other issues related to HIV/AIDS for a long time. Just as it took some time for the society to understand the implications of HIV/AIDS, mass media also took its time to conceive media strategies free of bias. As one look back at the history of media reports related to HIV/AIDS one can see that the nature of press coverage has undergone a dramatic change. Past experiences with public health campaigns suggests that mass media in isolation have little effect on health related behaviour and have to be combined with other elements for a campaign to be successful. They can however be useful in increasing public awareness. Since 1986, HIV/AIDS campaign have run gamut from hard sell dramatic techniques, such as those in Australia and UK, to the soft sell, even light hearted approach in some Scandinavian countries. Many of the initial AIDS awareness campaigns in a number of countries were evaluated in 1988, the general outcome of these campaigns has been an increase in the public awareness of the AIDS problem, but failed to change HIV/AIDS related lifestyles other than in certain communities with high risk behaviour, where the campaigning has been intensive and carefully concentrated. Studies indicated that when seeking to increase the knowledge of HIV/AIDS without adequately catering for effects on fear and tolerance, education strategies may be directly responsible for psychological boomerang, effects opposite to those intended.

Primary Studies

Sero surveillance studies in India from mid-1980's revealed only intermittent cases of HIV only in the high risk groups^{1&2}, later studies showed spread at rate paralleled only in Africa. One survey of college students in Mumbai and Pune revealed significant misconceptions about

HIV and its transmission³ surveyed prostitutes, attendees of STD clinic and OPD patients in Vellore and found that only 30% had heard of HIV/AIDS. Other studies also targeted only selected populations such as naval personnel⁴. With the increasing number of HIV infection and AIDS related deaths running into thousands each day world over. To get a comprehensive insight into the magnitude of the AIDS epidemic and various related aspects accelerating its fast spread.

The article 'AIDS related information exposure in the mass media and discussion within social networks among married women in Mumbai' deals with fact that married women are at high risk of acquiring HIV infection in India. A survey was conducted among 350 married women in Mumbai; it was found that a majority had acquired information about AIDS from mass media, especially Television. It was showed that 87% of women who knew of AIDS had been exposed to AIDS related information in the mass media. It was studied that increased frequency and duration of AIDS messages on Television will have a positive influence an AIDS knowledge in this group⁵.

The article 'College student's perceptions of sources of information about AIDS' discusses public communication campaign and social marketing literature and to identify principles for developing effective AIDS education prevention efforts. In the study, it was investigated college students perceptions of (1) the credibility and likelihood of using a variety of interpersonal media and institutional sources of information about AIDS; 2) the sources that have provided them with the most information about AIDS; and 3) the relationship among those perceptions⁶

A survey based research paper 'Teenager's beliefs about AIDS education and physician's perceptions about them' analysed family physician's responses to a questionnaire based in part, on the health belief

model are compared with teenager's responses about their knowledge, health beliefs, and preferred format and method of learning about AIDS. Results indicate that family physician's predictions about teenager's knowledge and beliefs about AIDS are not always accurate; but except when physicians underestimate the teenager's perceived obstacles to AIDS prevention, the data suggest that physicians would be effective in teaching teenagers about AIDS⁷.

The study 'AIDS: sources of information and public opinion in Norway' deals with three issues related to public opinion in Norway. These are, the importance and credibility of HIV/AIDS information sources; changes or intended changes of sexual behaviour because of fear of HIV/AIDS and attitudes towards homosexuals and the integrity of HIV infected persons. The data stem from a national interview survey conducted in 1986, and the sample is considered to be representative of the total adult Norwegian population. By far the most important sources of information related to HIV/AIDS are television, newspapers, and radio. Totally, 2% reported having changed sexual behaviour because of fear of HIV/AIDS. The youngest age group reported change (4%) and intended change (6%) more often than did the other age groups. As for the attitudes towards homosexuals, the present study indicates a slight increase in negative attitude towards homosexuals because of fear of HIV/AIDS⁸.

'Media awareness through regular publications', it is a project which analyses population sensitization on HIV/AIDS using the print medium to reach the grassroot populace and the elites. Given the low level of awareness in Nigeria, especially in the rural areas, the intervention messages through media publications was developed whereby different messages were sent out in my columns every

Thursday, working in collaboration with other nongovernmental organizations (NGOs) for effective networking. The Nigeria Media Network on HIV/AIDS and Reproductive Health and Rights which comprises of journalists across Nigeria, all of whom are dedicated to comprehensive reportage of the AIDS epidemic to effect positive behavioural change. Modes of operation include organizing in-house training for media executives, educating them on the need to be sensitive to the plight of PWAs; telling them not to cast gender-biased headlines in newspapers and providing care for persons with AIDS (PWAS), as well as organizing and attending workshops and seminars, among others, while laying emphasis on prevention messages. The results were that trust was built up with media representatives and people come from far and near to receive counselling and information materials, working in collaboration with country offices of international agencies like the Joint United Nations Programme on HIV/ AIDS (UNAIDS), Family Health International/AIDS Control and Prevention (FHI/AIDSCAP) project and the World Health Organization (WHO), all these provide me with information materials on regular basis contributing to successes recorded so far. It realizes that a lot to be done in Nigeria in the area of awareness and communication strategy. Then many people still consider AIDS as a myth. This calls for intensified Information, Education and Communication (IEC) efforts, solely aimed at minimising the spread of AIDS⁹.

The paper ‘Examining HIV-related knowledge among adults in the US’ discusses supplemental AIDS data from the 1987 National Health Interview Survey which indicates that adults in the US know the most frequent modes of HIV transmission, but lack a more comprehensive understanding of HIV and AIDS. Elements from a diffusion model were isolated to create a path analytic framework for examining the effects of

population or recipient characteristics and information sources or communication channels on HIV-related knowledge with these data. This multivariate analysis suggested that persons of lower socio-economic status, older adults, those from racial/ethnic minority groups and those living outside of metropolitan areas have slightly lower levels of HIV-related knowledge. Decomposition of the effects in the path analysis suggests that use of information sources or channels, as measured by survey data, accounts for little of the observed variation in HIV-related knowledge. The implications of the results for future research and HIV-related education are also discussed in the paper¹⁰.

A study on 'Sources of information on AIDS in Zaire and implications for programme planning' was to determine sources of information on AIDS in Zaire and desired sources of communication for the future. Two populations were surveyed during 1987-1988: 3500 health workers (HW) of all levels throughout Zaire and 2500 employees and spouses (ES) at a commercial bank in Kinshasa. Health Workers have learned about AIDS from radio (59%), written materials (29-36%), television (TV, 28%), courses (13%) and discussions (10%). For ES, sources were radio (51%), TV (43%), written materials (11-25%) and discussions or songs (29%). For Health Workers, mass media and written materials are preferred in urban areas, courses and discussions in rural areas. Among ES, mass media and written materials are preferred by male employees, while their female spouses prefer face-to-face communication. The preferred language for Health Workers is French; among ES, male employees prefer French, and female spouses prefer Lingala, the local language in Kinshasa. AIDS education programmes should specifically consider the setting (urban/rural) and the audience including different strategies according to sex, educational level, profession and language preference¹¹.

A study 'Systematic review of the effectiveness of mass communication programs to change HIV/AIDS-related behaviours in developing countries' systematically examined the effectiveness of 24 mass media interventions on changing human immunodeficiency virus (HIV) related knowledge, attitudes and behaviours. The intervention studies were published from 1990 to 2004, through reported data from developing countries and compared outcomes using (i) pre- and post-intervention data, (ii) treatment versus control (comparison) groups or (iii) post intervention data across levels of exposure. The most frequently reported outcomes were condom use (17 studies) and knowledge of modes of HIV transmission (15 studies), followed by reduction in high-risk sexual behaviour (8 studies), perceived risk of contracting HIV/acquired immunodeficiency syndrome (AIDS) (6 studies), interpersonal communication about AIDS or condom use (6 studies), self-efficacy to negotiate condom use (4 studies) and abstaining from sexual relations (4 studies). The results yielded mixed results, and where statistically significant, the effect size was small to moderate (in some cases as low as 1-2% point increase). Half of the studies did show a positive impact of the mass media: knowledge of HIV transmission and reduction in high-risk sexual behaviour. Further rigorous evaluation on comprehensive programs is required to provide a more definitive answer to the question of media effects on HIV/AIDS-related behaviour in developing countries¹².

A Study 'Effectiveness of AIDS Health Education Interventions among the Adolescent Population of Singapore' was conducted to evaluate the effectiveness of existing AIDS health education interventions in Singapore amongst the adolescent population. By identifying specific target groups that lack knowledge and information regarding HIV, it is hoped that suggestions may be provided towards increasing the

effectiveness of these interventions. A cross-sectional survey using a self-administered questionnaire of randomly selected adolescents between the ages of 13 and 19 years was performed to assess their knowledge of HIV and their opinions and awareness of HIV education in Singapore. In terms of the awareness of HIV/AIDS education and information, the percentage of the subjects who could recognise any of the three commonly issued pamphlets or poster or who knew of any telephone numbers to call to receive information on HIV and AIDS was low. Less than 40% of those surveyed felt that enough awareness was being created within the public regarding AIDS. It can be concluded that most adolescents surveyed felt that they are inadequately educated regarding HIV and AIDS. The results would suggest the need for focusing more efforts on certain target groups using the appropriate media in future educational intervention¹³.

A cross sectional study ‘Knowledge and Awareness of HIV/AIDS among Some senior secondary school students in Katsina, Nigeria’ was conducted to determine the knowledge and awareness of HIV/AIDS among some senior secondary school students was undertaken in Katsina, Katsina State, Nigeria. The purpose of this study was to provide preliminary data on HIV/AIDS knowledge and awareness among young people in Katsina. A 26 item, English-language questionnaire was pilot-tested and administered to a sample of 120 students across 6 selected secondary schools, namely: Women Teachers College, Government Secondary School Kofar Yandaka, Government College Katsina, Kiddies International School and Ulal Albab Science Secondary School. The questionnaires were coded and analysed using the SPSS software. The data was then subjected to simple descriptive statistical analysis. There were fair distributions in the number of male and female respondents, 86% aged 16-20years. 96% known what HIV/AIDS is but only 52.5% believed that HIV/AIDS has cure¹⁴.

The paper 'HIV/AIDS and the Broadcast Media in Urban Communities in Edo State, Nigeria' examines the role of the broadcast media particularly the television medium in educating the public on Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) as well as caring for the HIV/AIDS infected persons in Edo State, Nigeria. It seeks to find out whether the television medium has been able to rally round government and other stakeholders support for the containment of HIV/AIDS in Benin City, Ekpoma and Auchi, the three main urban communities of Edo State. Random selection method was adopted and questionnaires were distributed to the participants and these questionnaires were analysed using simple frequency tables and percentages. The result showed that television, as a medium of mass communication has been able to raise awareness on HIV/AIDS through its various programmes, which are geared towards enlightening people about HIV/AIDS or helping the infected persons to live positively. It was also found that a partial disconnect exist between the people's sense of awareness and sexual behaviours as could be gleaned from their attitude in terms of risky sexual behaviours indicated by the increase in HIV/AIDS infection in Edo state. Thus, this paper recommends that television programmers should explore more avenues of rallying stakeholders in the fight against HIV/AIDS¹⁵.

The article 'HIV/AIDS and Indian youth – a review of the literature (1980 - 2008)' provides a comprehensive overview of the situation regarding HIV/AIDS among youth in India, and explore the possible strategies that could be effective in combating the spread of this disease. India is in the grip of the HIV/AIDS epidemic, with an increasing number of infections being reported among youth, who comprise a quarter of the population but account for almost one-third of the HIV/AIDS burden. The prevalence in young women appears to be on the

rise. Although the majority of youth are aware of the disease, a number of myths and misconceptions still prevail. Furthermore, or as a consequence, a higher percentage of young males report engaging in premarital sexual activity compared with females. Even though condom awareness is fairly high, condom usage is low. Of late, sex tourism and its implications for the HIV/AIDS epidemic present an increasing concern. Indian youth appear to hold negative attitudes towards HIV testing and people living with HIV/AIDS. Although a number of preventive and control programmes and policies exist, these need further strengthening and evaluation¹⁶.

A study 'Knowledge and meaning: the AIDS education campaign in rural northeast Thailand' points out that nearly 80% of Thailand's population lives in the rural sector. To date, these villages have been subject to top-down dissemination of HIV/AIDS education information via the mass media and bureaucratic networks. It details an ethnographic enquiry into the impact education campaigns are having in one village in northeast Thailand. It is found that AIDS information is primarily integrated with local conceptions of sexual behaviour and commercial sex. By the early 1990s, heterosexual behaviour is a major mode of HIV transmission in Thailand. Local and international media discourse focuses on the commercial sex industry in describing the spread of the virus. However, the lack of detailed research of sexual practices in Thailand makes accurate projections of HIV transmission difficult and allows unsubstantiated claims to be made concerning typical Thai sexual behaviour. It explores the local context in which these practices are found and discusses the meanings villages attached to HIV/AIDS information. Knowledge levels and behaviour change are assessed and it is argued that community-based imperatives are essential for effective future campaigning¹⁷.

The article 'Lay health beliefs concerning HIV and AIDS: a barrier for control programmes' revealed widespread lay health beliefs concerning HIV infection and AIDS amongst health workers and members of the general population at both lower and higher risk of infection. The beliefs were often factually incorrect and undermining to AIDS control in the field of information, education and communication (IEC). The beliefs were conveyed informally but their origins could often be traced. Local media were important sources. The beliefs were powerful, persistent and resistant to conventional educational methods. Their prevalence and type changed with time in different groups. A model of how the beliefs came to be generated is proposed and reasons suggested for their persistence and strength. An additional important group of policy and scientific beliefs were also identified amongst policy makers and scientists. It is noted that these phenomena are international and not confined to Africa¹⁸.

A summary of findings 'A series of focus groups: women, men and teens on magazines as a resource on sexual health' was prepared for a conference sponsored by the Columbia University Graduate School of Journalism and the Henry J. Kaiser Family Foundation. In order to shed light on the use of magazines as a source of sexual health information, a series of ten focus groups with 98 participants was held in three cities in the south eastern part of US to explore, 1) how adolescents, adults aged 19-24, and adults aged 25-44 use magazines for sexual health information; 2) the use of magazines to obtain this information; 3) what participants learned from the magazines; and 4) suggestions for improved and enhanced coverage of these topics. It was found that magazines were valued for providing information in a confidential manner; that magazines provide information about HIV/AIDS, condom use, breast cancer, contraception, pregnancy, prostate cancer, and sexually

transmitted diseases (STDs); that readers want more coverage of abstinence, STD prevention, condom negotiation, and personal empowerment; and that magazine coverage of topics is credible, relevant, and appropriate. The magazines provided an important source of information for the women and the men in all age groups both through articles and through advertising. Magazine coverage provided specific information that readers could take back to their physicians or use to check the advice given by a physician. The focus group participants suggested that magazines could increase or enhance their coverage of sexual health issues by including coverage on a full range of topics, by improving the credibility of coverage, by presenting information in easy-to-read formats, and by including relevant, realistic articles. While younger participants asked for more details and facts, older readers wanted articles to be short, simple, and to the point and also found personal account stories to be most compelling¹⁹.

A paper 'Finding health and AIDS information in the mass media: an exploratory study among Chinese college students' points out that western health officials believe that incidence of HIV infection in the People's Republic of China is much higher than has been reported, but knowledge about the disease remains low. This paper describes a preliminary study of Chinese college students' AIDS knowledge and beliefs and of the acceptability of mass media for AIDS education. Focus group interviews of 73 Xiamen University students showed that the students used radio more consistently than any other media and viewed magazines as the best media source of health information. However, they expressed a general distrust of the health information media offer. They possessed quite a bit of accurate information about AIDS but also harboured many inaccurate beliefs. Most felt that their personal risk from AIDS was very low because they felt distanced either geographically or

morally from those at risk. Disturbing numbers felt that fate, not individual behaviour, determines whether or not a person contracts HIV. The paper discusses the study's implications for future research²⁰.

The study 'AIDS: mass consciousness and mass media' aims to investigate that mass media is the only public source of information concerning AIDS and AIDS-related topics in Bulgaria. Publications on AIDS in all kinds of media (all state owned) have been studied through content analysis. The mass consciousness about AIDS has been assessed by interviewing and garfinkeling 1257 persons from different age and social groups using standardised questionnaires. During the two years that followed the shock period (July-December 1987) the media promoted the image of the civilised, well-informed and responsible individual who knows what is dangerous. The media dealt mainly with the problems of the uninfected that face the danger of AIDS, and propagated an abstractly formulated tolerance, which contained a latent repressiveness: only monogamous sex, only marital sex. This freedom without alternatives shaped a careless, that is, irresponsible individual, who is motivated to act aggressively when the panic returns, for example, the number of HIV-positive grows to an extent likely to be dangerous for everyone. The media reflects the dictatorial pattern of social organisation. They are unable to respond adequately to the urgent AIDS-information needs. Alternatively, mass consciousness tends to modify their rigidity, and it urges either changes in media policy or new methods of disseminating AIDS information²¹.

A survey 'The media and AIDS: health elite perspectives of coverage' points out that most writers assessing AIDS have been critical of the media's coverage of this epidemic. To ascertain the views of key elites on media coverage of AIDS, the authors surveyed chief state public

health officers, chairs of legislative health committees, and directors of hospital associations. In general, these groups tended to reject criticisms that media handling of AIDS is unbalanced. Conversely, however, they also generally rate the media as not doing a good job of educating the public about AIDS. The media's success in accurately communicating professional perspectives regarding AIDS might have accounted for their relative lack of independent influence in AIDS policy-making. The media exhibited a 'guard dog' role-protecting the health professional's position, instead of an agenda setting role dictating to the decision makers what issues they should be addressing²².

The paper 'Mass media for the prevention of the HIV AIDS infection in Argentina: managers of opinion' mentions that in Argentina, the first known cases of AIDS related deaths date from 1982; the disease took the country by surprise in a badly deteriorating health system, the health policies did not find the right way and only in 1989 was a bill passed on AIDS and the possible problems of discrimination against those already ill or infected. AIDS appeared on the Argentine stage as an imported disease and as a disease of homosexuals, with a chance of spreading into the rest of the citizens by means of blood transfusions. When AIDS suddenly appeared and for a long time, the homosexuals, drug addicts and prostitutes, that is to say, those whose practices matched the idea of lifestyle were framed as risk groups. These associations were and still are the consequence of the discriminatory idea where AIDS is caught because the person wanted to catch it or neglected something. Besides, many people feel better if they think this is a problem other people have making those who suffer the disease and the ones around them to hide what is socially unacceptable. From 1989, some changes in the social response to AIDS have been observed; it appears as a problem for the heterosexual population and in those days in Argentina the

screening test was given to identify individuals indiscriminately. The use of this test was given up not because of a law but for economic problems. In the public opinion there is still a feeling of fear caused by the identification and spread of the virus, related to sexual activities, blood, drugs and death. In schools, there is still the problem of who is going to give sexual education and how to do it and when it is done, it is only limited to explaining the genitals and the menstrual cycle. They make the mistake of taking about sex to talk about HIV/AIDS and in this way they approach the subject of sexuality by means of the disease. In the last few years there has been a change which is mainly expressed in the cultural environment; the cinema, the theatre where a superficial and barely understandable treatment has given way to a more concrete method of approaching this hard reality. HIV/AIDS cases in schools are no longer the cover headlines in newspapers. In this present research the authors are trying to stress the differences existing between the concepts of information and education; to stress that the population is informed by this knowledge has not produced changes in their conduct; to describe the characteristics of the campaigns in Argentina and their impact on people. The authors point out some of the campaigns carried out and the characteristics of the populations they were intended to²³.

In this book 'AIDS Awareness through Community Participation', the author talks about the epidemic of HIV/AIDS. The HIV/AIDS has taken the form of epidemic and is also the leading causes of life threatening diseases such as tuberculosis, cancer, dementia and eventually death amongst the most productive and reproductive sections of the population. The book describes the broad objective to study awareness about HIV/AIDS amongst most vulnerable sections of the society using community participation approach. The sample for the study comprised of the commercial sex workers, the truck drivers and the rickshaw pullers.

Community participation was ensured at various stages of the intervention such as development of the audio-visual aids training for few members of the sample communities as peer educators as well as conducting of HIV/AIDS related outreach activities within their respective communities by the peer educators. The study depicted findings of a wider significance in terms of recognition of not merely superficial but core factors enhancing sample vulnerability of HIV/AIDS. Author's main focus is creating awareness through community participation, HIV/AIDS is undoubtedly the most devastating pandemic mankind has ever faced. Today the global community seems to be struggling as the disease rips apart the social and economic fabric of the society by killing people in prime years of their youth, rendering millions of children, orphans and shattering homes and hopes alike with remote prospect for a cure or vaccine, the challenge to contain the spread of HIV has become imperative. According to the author, although no culture or community is known to be immune to HIV/AIDS, yet certain populations are more vulnerable to the disease because of their higher risk behaviour. The book delves into the lives of the some such communities with a modest attempt to create awareness amongst them. It focuses on documenting high risk behaviour as well as in delineating factors fuelling them. A concerted effort has been made to understand various issues that can affect desirable behavioural changes in context to HIV/AIDS. The book also visualizes how community participation can be effectively used in raising HIV/AIDS awareness as well as in achieving sustainability of the programme. To stress the role played by the mass media, the ideology shown in them and the fact that these media is not always efficient enough and sometimes not well used not only because of the content shown in them but also because of the wrong application of the economic resources²⁴.

In the book 'AIDS and Civil Society, India's Learning Curve', the author for the first time presented an inside view of NGO led HIV interventions on the ground. According to the author, the NGO sector is the most visible face of civil society. Society activism and NGO's in India have till date offered the most creative and comprehensive responses to the complex challenges of the HIV/AIDS epidemic. Author's mention that the case studies in this book are candid in the way they discuss experiments and failures, frustrations and triumphs and most importantly learning curves in relation to both disease and society. For them, the stories bring alive some of the complex social and cultural issues surrounding HIV/AIDS in the country. In a fundamental sense, the introduction, overviews and case studies in the book bring to the fore some of the most unexamined, unquestioned and resilient aspects of Indian social and cultural structure. Author's point of view in this book that growth of an enlightened understanding about HIV/AIDS among the general public is an essential precursor for cogent public debate around the many faces of the epidemic and their linkages to larger to larger in context of economic, political and social issues. For, it is only when HIV/AIDS moves out of the margins and realms of 'the other' and becomes everybody's business and concern that there will emerge as a basis for the erosion of the terrible discrimination against those affected by the disease and for public pressure for most effective policies for its control. In this book Author also focuses on six NGO interventions that have been at the cutting edge of efforts to combat the epidemic since the earliest days of the 'virus appearance' in the country. There are six NGO sectors in this book corresponding to the six areas in which the NGO's work. Each NGO section begins with a short overview by the editors that lays out the principle issues pertaining to that particular area of the HIV/AIDS epidemic²⁵.

In this book 'Answering Your Questions about AIDS' where according to the author, the personal and social tragedy of the AIDS crisis touches virtually everyone. For those who have not yet personally known someone stricken by this dreaded disease, many celebrities have brought AIDS into our lives. For instance Actor Rock Hudson, basketball superstar Magic Johnson, Actress Sandie Church, activist Elizabeth Glasor, Film actor Anthony Perkins and his son are among the 13 million people in the world who have been infected with HIV. The book represents a sorting through of the questions people phoned into AIDS hotlines. It is the first study that tries to answer the question that you may actually have AIDS, not the question someone thinks you have. The author's approach is that there is no such thing as a question not worth asking. The book answers American questions with the scientific information currently available²⁶.

In this book 'HIV/AIDS Internet Information Sources and Resources', the author talked about infection with HIV which results in a complex, chronic disease process, complicated by myriad economic, legal religious, psychological, social and spiritual factors. This chronic disease is characterised by a varied cluster of signs and symptoms that typically to diagnosis of AIDS. HIV is differentiated from other chronic disease processes by the variety of cancers and opportunistic infections commonly associated with AIDS as well as HIV related dimension and wasting on the wide variation in disease course progression and dying trajectory. According to the author information has been continues to be viewed as a key resource in preventing infection with the HIV, managing various medical complications associated with the disease, assisting with non-biomedical complexities and ultimately extending life expectancy. In this book the author highlights the information being accessible through the internet and HIV specific internet information sources and resource.

The selection reflects the breadth and depth of information available as well as the issues surrounding developing and maintaining a web presence, evaluating internet sites and locating relevant, reliable HIV/AIDS information²⁷.

The book 'HIV/AIDS Education' focuses upon education in context of HIV/AIDS. According to the author, education can play a vital role for preventing HIV/AIDS. He explains what type of relation should be between the teacher and a student. Teacher must have knowledge about HIV/AIDS and other STI's and also delivers lectures to the student. According to him health education is the only means to enable people to make life saving choices for this disease, for instance, avoiding indiscriminate sex, using condoms etc. Women suffering from AIDS or who are at high risk of infection should avoid becoming pregnant since infection can be transmitted to the unborn or new born. Education and guidelines for prevention should be made available. The author also talked about text book on HIV/AIDS in primary and secondary school level. Girls are more vulnerable for our social customs and cultural values. They cannot talk about HIV/AIDS to anyone. So through education, a particular topic on HIV/AIDS can easily be understood through the books and by the teacher²⁸.

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CHAPTER- 1

HIV/AIDS AWARENESS:

AN OVERVIEW

One of the prime reasons for the spread of HIV/AIDS is the lack of awareness amongst the general population. In India, where population is very large and extensive and the culture is much diversified, a strong awareness campaigns are necessary to curb or minimise the effect of this dangerous disease. For this we have to understand the initial detail of how this menace spreads or what is its origin.

Historical Overview

India is the second largest country in terms of population in the world after China (around 1.22 billion). The majority of the population (approx. 73%) lives in rural areas which are engaged in agriculture and allied occupations. The country's urban population is relatively small in terms of numbers. The rate of growth is big and metropolitan cities are increasing very rapidly due to migration to these urban concentrations. Huge social inequalities, based on caste and gender biased aggravate the problem in terms of economic disparities also which results in unequal access to important development inputs. When the disease appeared in the West, many people in India thought that the disease would not affect the Indians. The Indians think that due to their strong family values and traditions they are not in the risk area and HIV was seen as a disease of the West. In the beginning the disease had no entity. As this disease was seen among Homosexuals, it was called as Gay Related Immuno Deficiency (GRID) syndrome. By the end of 1983 this disease was also being discovered among other groups. The Center for Disease Control, Atlanta, USA named this disease as Acquired Immuno Deficiency Syndrome. Since then the disease is known as AIDS.

At the beginning of 1986, despite over 20,000 reported AIDS cases worldwide¹, India had no reported cases of HIV or AIDS². In 1985 the Indian Council of Medical Research (ICMR), set up a sero-surveillance programme. In 1986 the presence of the virus was first detected in sex

workers in Chennai. The first Indian patient to suffer from AIDS was reported from Mumbai. In 1987 the ICMR warned the country about the impending epidemic. Soon after the reporting of the first few HIV and AIDS cases in the country in 1986, Government recognized the seriousness of the problem and took a series of important measures to tackle the epidemic.

There was recognition, though, that this would not be the case for long, and concerns were raised about how India would cope once HIV and AIDS cases started to emerge. One report, published in a medical journal in January 1986, stated: “Unlike developed countries, India lacks the scientific laboratories, research facilities, equipment, and medical personnel to deal with an AIDS epidemic. In addition, factors such as cultural taboos against discussion of sexual practices, poor coordination between local health authorities and their communities, widespread poverty and malnutrition, and a lack of capacity to test and store blood would severely hinder the ability of the Government to control AIDS if the disease did become widespread”³.

It was noted that contact with foreign visitors had played a role in initial infections among sex workers, and as HIC screening centers were setup across the country there were calls for visitors to be screened for HIV. Gradually, these calls subsided as more attention was paid to ensuring that HIV screening was carried out in blood banks⁴. Shortly after reporting the first AIDS case in 1986, the Government of India established a National AIDS Control Program (NACP) which was managed by a small unit within the Ministry of Health and Family Welfare. The program’s principal activity was then limited to monitoring HIV infection rates among risk populations in select urban areas⁵.

By the end of 1987, out of 52,907 who had been tested, around 135 people were found to be HIV positive and 14 had AIDS. Most of these

initial cases had occurred through heterosexual sex⁶, but at the end of the 1980s a rapid spread of HIV was observed among injecting drug users in Manipur, Mizoram and Nagaland three north-eastern states of India bordering Myanmar (Burma)⁷.

Government of India without wasting any time initiated steps and started pilot screening of high-risk population. A high-powered National AIDS Committee was constituted in 1986 itself and a National AIDS Control Programme was launched in the year 1987⁸.

In 1991, the strategy was revised to focus on blood safety, prevention among population of high risk, level of awareness of the population should be raised and there must be scope of improving surveillance. With all the objectives keeping in mind the Government of India established a semi- autonomous body, National AIDS Control Organisation under the Ministry of Health and Family Welfare. The National AIDS Control Organisation (NACO) started its activities under its first phase from 1992-1999⁹. Its emphasis is on committing for the disease on the national level, increasing awareness and addressing the problem of blood safety. Although the pace of the programme was a bit slow in the starting but due to the magnitude of the epidemic strict measures were followed thereafter. Apart from blood donations professionally which was banned legally after the implementations of the programme, screening of the donated blood became compulsory by the end of the phase. In order to facilitate more effective response, the power of the organisation was decentralised and some of the duties were assigned to states. There were varying degree of commitment and ability of the states was seen in the implementation of the programme at the state level. States like Tamil Nadu, Andhra Pradesh and Manipur demonstrated a much higher degree of involvement and commitment, states such as Bihar and Uttar Pradesh have yet to prove and reach that level.

In November 1999, the second National AIDS Control Programme (NACP-II) from 1999-2006 came into effect with the stated aim of reducing the spread of HIV through promoting behaviour change. The programme was launched with World Bank crediting a support of US \$ 191 million. Based on the experience gained in Tamil Nadu and a few other states along with the evolving trends of the HIV/AIDS epidemic, the focus shifted from raising awareness to changing behaviour, decentralization of programme implementation at the state level and greater involvement of NGOs. During this time, the model PMTCT or Prevention of Mother-to- Child Transmission programme and the provision of free anti-retroviral treatment were available and implemented for the first time. The policy and strategic shift can be seen in the two key objectives of NACP-II:

- To reduce the spread of HIV infection in India
- To increase India's capacity to respond to HIV/AIDS on a long-term basis¹⁰

In 2001, the government formulates and adopted the National AIDS Prevention and Control Policy and specific objectives were also set. Former Prime Minister of India Atal Bihari Vajpayee referred to HIV/AIDS as the most potential and serious health issue facing by India when he addressed Parliament. Under this phase, the government continues to expand the programme at the state level. The states are being given policy directives to implement the strategies. Policy initiatives taken during NACP-II included adoption of National AIDS Prevention and Control Policy (2002); National Blood Policy; a strategy for Greater Involvement of People with HIV/AIDS (GIPA); launching of the National Rural Health Mission; launching of National Adolescence Education Programme; provision of Anti-Retroviral Therapy (ART); formation of an inter-ministerial group for mainstreaming; and setting up

of the National Council on AIDS chaired by the Prime Minister¹¹. Greater emphasis has been put on targeted interventions for high risk groups, preventive intervention among the general population, and greater involvement of Non-Government Organisations (NGO's) and other sectors and line departments such as education, transport and Police. Accountability and capacity at the state level are the main factors that are continued to be dealt and has required sustained support. Intercessions need to be a bit high to achieve higher percentage of the population, monitoring and evaluation need further bracing. The government has completed task of classifying states according to their prevalent situation to avoid smugness among the states based on their category as low prevalence and since then focused on the vulnerability by creating a sense of urgency.

The third phase (NACP III) started from 2007-2012 The overall goal of National AIDS Control Programme Phase III (2007-2012) is to halt and reverse the epidemic in India over the five year period. The programme hopes to achieve this through a bifurcated strategy:

- Prevent infection through saturation of coverage of high-risk groups with Targeted Interventions (TI), and a scaled up interventions for the general population.
- Provide greater care, support and treatment to a larger number of People Living with HIV/AIDS (PLHA). Address human rights and ethics issues with focus on fundamental rights of the PLHA and their active involvement.
- Strengthen the infrastructure systems and human resources in prevention, care, support and treatment at the district, state and national levels.
- Strengthen the nationwide Strategic Information Management System, to help track the epidemic, identify pockets of infection¹².

The third phase agendas were met with high priority with maximum onus to reach 80% of high risk groups including sex workers, men to men sex and injecting drug users who are at the top of the table for HIV infection. One of the basic points of the programme is the targeted interventions which are generally carried out by civil society or community organisations or NGO's in partnering with State AIDS control societies.

Driving Factors of HIV/AIDS Epidemic in India

There are some driving factors which are affecting India's initiative against HIV/AIDS epidemic. These can be described under the following five broad headings: Biological, socio-cultural, socio-economic, socio-political-historical and psychological. A word of caution must be entered once again here because the evidence is quite mixed with respect to the extent to which group of factors contribute to the spread and entrenchment the pandemic across India.

Biological Factors

On the biological front, research points to three key factors as the proximate determinants of India's high HIV infectivity. The first of these is the existence of undiagnosed and untreated sexually transmitted diseases among many Indians. Studies suggest that in every 10 persons one is infected with HIV. One biological factor that has emerged in the recent literature as having some influence on the spread and transmission of HIV is the low rate of male circumcision found in India¹³.

The second biological factor to be considered here pertains to be psychological vulnerability of women. Research shows that the risk of becoming infected with HIV during unprotected vaginal intercourse is as much as two to four times higher for women of all ages than for men. Women are also much more vulnerable to other STD's. In India there are

currently six women with HIV for every five men with HIV and more than four fifth of the global total of HIV infected women are Indian.

In comparison to men women are biologically more vulnerable to HIV infection due to the fact that they have bigger surface area of mucosal exposed to their partner's sexual secretions during sexual intercourse. The risk of acquiring HIV for females is reported to be higher by 2 to 17 times by different studies. All of this makes the male to female transmissions much easier than the female to male one¹⁴.

Socio-cultural Factors

Alongside the biological factors there are a number of socio-cultural behavioural factors, which either are regarded as having or have been demonstrated to have a major impact on the transmission of HIV/AIDS in India. These factors derived from traditions and practices.

HIV is behavioural epidemic that is driven by individual behaviours. Individual epidemic are in turn largely influenced by social, cultural and religious factors that leave people with little or no control over their exposure to HIV. According to Betancourt, Lopez and Cole, culture in essence describes some system of meaning and customs including values, attitudes, goal, laws, beliefs, morals as well as physical artifacts of various kinds of tools and forms of dwellings. Furthermore to be called a culture. This system of meanings and customs must be shared by some identifiable groups to the next¹⁵. Extensive studies have been carried out which shows that meaningful strategies to reduce HIV related risk behaviour cannot be realised without understanding the dynamics of family history, cultural norms. Talking about sex and sexuality is a taboo in many parts of India. Cultural norms, societal practices and family values by and large dictate to be a private and prohibited issue, which is not to be discussed in openly in public. In India relevant data assessing knowledge, attitudes and beliefs regarding HIV/AIDS among school and

college going adolescents indicate a lack of AIDS awareness. A study conducted among secondary school students in rural areas surrounding Delhi that although 25% of them were sexually active and majority of them were not aware about sex and sexuality. Violence against women plays a key factor in spreading of HIV/AIDS and other STD's. Women subjected to violence at the hands of their husband or partners are at greater risk of acquiring HIV. The UNAIDS report in 1999 shows that 'Even when the violence is not sexual, however, the mere threat of it makes women wary of challenging their partner's extra marital relations or afraid to demand condom use'. One out of three women worldwide has been abused; coerced into sex according to global data released by NACO. Forced sex is known to transmit HIV more readily because of the greater probability of genital injury and because no condom use in such situation.

Adverse societal norms and practices also challenge women's ability to protect them from HIV. For instance, certain communities in India like Bedias have a history of practicing community based prostitution (Devdasi system) and exploitation of girls is routine and part of the ritual of 'growing up'. Such practices coupled with a lack of negotiating power make young girls more vulnerable to AIDS¹⁶.

Socio-Economic Factors

The struggle to survive every day overshadows attention and concern about a virus that does not demonstrate any immediate harm. Poverty, migration and prostitution can be result of economic compulsions, which are making people more vulnerable to HIV. Mobile workers are defined as those who work far away from their permanent place of residence and are usually unable to return home at the end of the working day. Therefore they have temporary residence in the vicinity of their work site and return home at various intervals for example such

workers including truck drivers, road/dam building construction workers, commercial sex workers, injecting drug users, wildlife officers.

Poverty manifests itself in the form of sexual abuse, sexual exploitation and prostitution. Economic pressures are forcing an ever increasing number of people into flesh trade¹⁷.

Socio-political and Historical Factors

Political turmoil and civil war in many countries have also been instrumental in the rapid spread of the HIV. For many of them, sex is a source of comfort and not of any special danger. Epidemiological estimates by the Indian Army indicated that there were at least 6000 armed forces personnel who were HIV positive in 1998. According to a report since these personnel are subjected to immense physical as well as mental stress and they have to stay separated from their families under inhospitable conditions for long periods, the desire to seek sexual satisfaction often lead them to sex workers.

Psychological Factors

Many a times societal oppression in the form of neglect, abuse and exploitation especially during childhood leaves a deep impact on the psychology of an individual people who have been abused and exploited at the hands of the society are more vulnerable to HIV/AIDS. Their abuse has been known to lead them to a feeling of loss self esteem and control over their lives. They are also known to become more prone to drug taking and commercial sex.

In Indian context, Mane and Maitra observed that there is a tendency to be psychologically oriented to virtual things rather than to real life issues related to sex. Women are brought up psychologically passive in talking about sex, sexuality and condom use with their

partners. Female sexuality to them means sexually subordinating to men and fulfilling roles of reproduction and motherhood¹⁸.

HIV/AIDS Awareness and Role of Communication

In the last decade or so, measures to control the spread of HIV/AIDS have gone up. At one hand, researches from the medical field are giving their time in developing new cures and vaccines and on the other hand, social scientist are attempting to understand the human behavior in a better way. Their efforts are posing a serious challenge to the disease.

Information and awareness about HIV/AIDS is reaching to different segments of the population. Apart from these interventions through communication strategies are developed for the society are relatively isolated with not much of the effect. Due to their risky behaviour this segment are prone to the disease and it transfer very easily. The main purpose about this information is make them strong enough and take actions to prevent the transmission of the disease and in case of illness, to get them properly treated. In the promulgation of information personal variables like age, sex, marital status, education and religion of the targeted as also their attitudes, beliefs and values about the disease have an important role to play.

The patient's psychological makeup also influences the action they take. For these considerations, the level of HIV/AIDS awareness and dissemination of information in different segments is very important and to be analysed systematically¹⁹. Knowledge and awareness are influencing factors which played an important role in utilization of treatment services and prevention has received quite considerable attention. Some studies points out that those who have less education have less knowledge and more misconceptions²⁰. A study shows that knowledge about AIDS is associated with improvement in seeking

treatment and following medical advice²¹. However, these research and statistics has been unable to postulate the independent effect of knowledge on improved health behaviour.

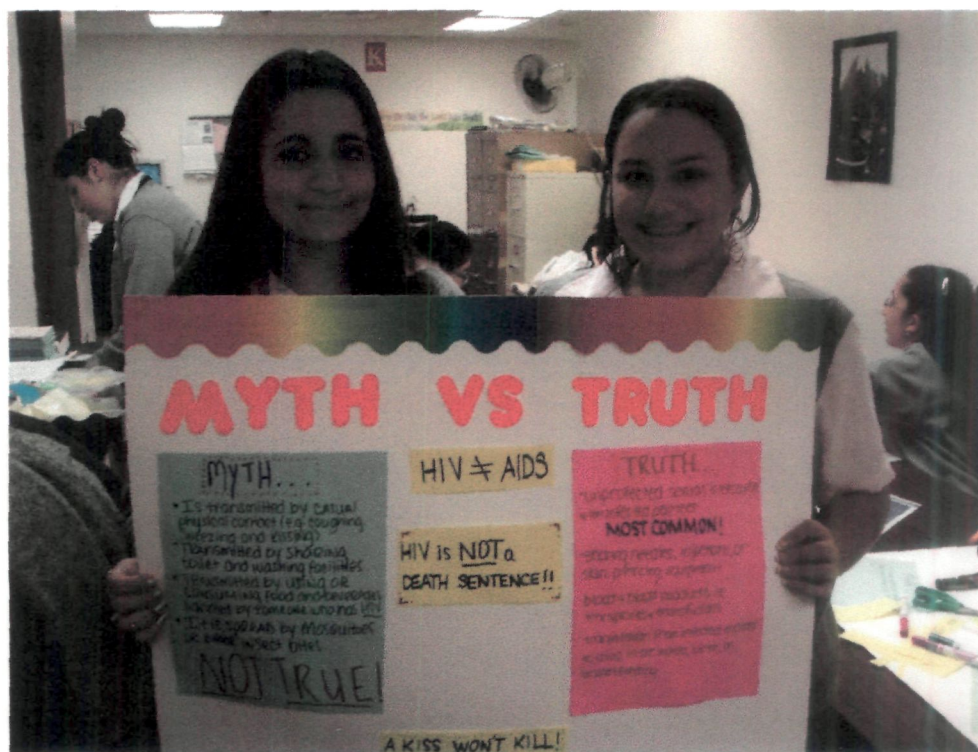
The emphasis is laid on knowledge of HIV/AIDS and the risk behaviour change in the context of the disease. It is reported that knowledge of the risk factors involved in HIV transmission is necessary to develop aspects of risk²². However, there other instances which have shown that despite high level of disseminating knowledge, individuals do not think that they are at high risk. A study has explained this inconsistency with regard to knowledge of HIV transmission influencing behaviour change. It explained that knowledge can influence the first level of change process i.e. problem perception²³.

Their level of knowledge cannot predict their existing behaviour but that cannot postulate that knowledge does not influence the change process. It was reported that knowledge of HIV/AIDS is very low in Indian population. It was categorically pointed out that affliction is not adequate especially among women in lower socio-economic strata.

While addressing the importance of HIV/AIDS awareness and information, there is a need to pay on attention communication. Kotler and Roberto²⁴ have identified types of channels of communication, personal and mass communication. The former includes face to face interaction (peer group, school mates, counselors etc.) and the latter includes print media (newspapers, magazines, pamphlets etc.), displays (billboards, posters etc.), electronic media (radio, TV, cable networks), electronic recordings (audio/video tapes, CD/DVD's, cinematic films etc.) and public events (exhibition, Melas, public information campaigns, street theater, musical programmes, car rallies etc.). Having a wider outreach, the mass media can educate people on HIV and STD's prevention. It can correct myths and misconception about the disease and

understand the sufferings of the infected people. In a way or the other these can promote change, mould thinking and behaviour of the people which is very important to curb the epidemic²⁵.

Mass media in many countries uses Radio and Television especially to disseminate information on HIV/AIDS. Telephone helplines and counseling services which are used as personal communication channels are also used. In this context, electronic media is found to be effective.



The issue of awareness

The issue of how best to move forward with comprehensive policies and programmes that aim to mitigate the social and economic impact of the HIV/AIDS pandemic has become a central concern for our country's policy makers. It is now increasingly clear that to achieve this objective, it is essential to address the issue of awareness, care, prevention and support for those affected and to increase the access of PLHWA to effective treatment.

Need for Creating AIDS Awareness in India

The impact of AIDS is now being increasingly felt by many countries across the globe. The disease is tearing away the social and economic fabric of the global community by killing the people in the prime of their youth on whom the society relies for production and reproduction. The epidemic has been eroding the gains earned in the development indicators by regressing life expectancy, rising child mortality rates and leading to substantial fall in gross domestic product (GDP) growth rate in India.

In India AIDS is seen not just as a health problem, but a potential threat to human welfare, development as well as social and economic stability. The challenge to contain the spread of AIDS and to convert this commitment into sustained strategy is the need of the hour. Identifying people with the propensity to acquire and transmit HIV infection and addressing factors that make individuals vulnerable to the disease becomes crucial.

Statistics from various countries including India show that behaviours that cause the highest risk of acquiring HIV infection are unprotected sexual contact with multiple partners and sharing of needle and syringe by drug users who are infected with HIV. This in turn implies that most vulnerable groups include commercial sex workers (CSW's), truck drivers, migrant workers, injecting drug users and other groups. While men and women both are vulnerable to HIV/AIDS, the latter are more so because of their sexual and economic subordination to men.

Despite an urgent need to identify factors that make individuals particularly vulnerable to HIV infection, there has been a paucity of systematic analysis on this subject. The social, economic and cultural situations that create vulnerability to HIV infection had not been studied or explained. Surprisingly, there is virtually no information in India on

the basic sexual and drug taking behaviours and patterns of sexual networking that determine how the virus spreads amongst population²⁶.

Various parts of the world particularly in India have witnessed the epidemic among the diverse populations, poverty, lack of skills, violence and harmful social norms are some of the manifestations. The problem is further aggravated by illiteracy. Since many of the populations most affected by disease are among India's least educated. There has been a temptation to say 'AIDS is a disease of ignorance'. More than 26 years into the epidemic millions of young people know little about HIV/AIDS. According to UNICEF over 50% of the young people (15-24 years) in more than dozen countries have never heard of AIDS and harbor serious misconceptions about how HIV transmitted. So we can say there is no single solution to these closely interlinked problems, still since HIV is primarily associated with high risk behaviour changes in individual behaviour would go long way to prevent this dreaded disease. But building awareness regarding HIV/AIDS would be prerequisite. Gaining awareness and knowledge is the first stage in the process of acceptance of new ideas, practices and change of behaviour²⁷.

Studies have shown that well designed and carefully focused HIV prevention campaigns that rely on increasing knowledge of HIV and how to avoid it and creating an environment where safer sexual or drug taking behaviours can be discussed and acted upon providing services such as treatment for sexually transmitted diseases access to cheap condoms and clean injection equipment and lastly but importantly helping people to acquire the skills they need to protect themselves have managed to arrest or even reverse HIV trends.

The joint United Nations programmes on HIV/AIDS (UNAIDS) along with host of other UN agencies, countries and partner organisations in developing countries and advocating the use of 'best practices' which

strive to reduce the impact of HIV/AIDS. The World Health Organisation (WHO) and UNAIDS have taken what is termed as '3 by 5' initiative which aims at providing anti-retroviral treatment (ART) to 3 million people²⁸.

Large scale information, education and communication (IEC) programmes continue to be implemented to contain the spread of HIV/AIDS. However, it is important that the message that are seen or sent out must be sensitive to cultures, traditions, the literacy levels and the environment of the people while designing/implementing HIV/AIDS awareness programmes, many factors need to be taken into account. A 'client centered model' can help service providers to work more effectively with population resistant to behavioural change.

Prevention initiatives that rely on community participation in terms energy, commitment and spirit of the targeted communities are emerging to be credible and cost effective solution in combating AIDS. The gross participation of the community members is vital in developing a culturally appropriate programme. Peer educators are being encouraged and trained to disseminate HIV information and importance of peer educators to bring about behavioural change.

Another area requiring concerted efforts backed by strong political leadership and high level of public commitment are being stepped up yet behavioural data mapping knowledge, attitude, behaviour and practices (KABP) related to HIV/AIDS reflects an overall lack of awareness coupled with widespread complacency amongst vast population across the globe.

Hence a successful response to the AIDS epidemic calls for a dynamic action in the form of programmes which are need based, faster community participation include mobilisation of peer educators and empower targeted communities.

December 1st is being observed as World AIDS Day every year since 1998. The day emerged from a call given by world summit of Ministers of Health in January 1998 to promote and coordinate international efforts against HIV/AIDS. In 1997, the first AIDS campaign took place to stress on the need of sustaining HIV prevention efforts all through the year for HIV/AIDS awareness, a red ribbon logo (fig. red ribbon logo) was conceived in 1991 by a group of US artist who wanted to draw attention to AIDS²⁹ then it has become an international symbol of HIV/AIDS awareness.

HIV/AIDS Awareness through Religion

In most countries across the globe the daily lives of people are strongly influenced by spiritual beliefs related to God, supernatural powers and life after death. Religious institutions and preachers form an integral part of many communities in these countries particularly in rural areas. They have been known to be powerful influences and are being currently trained to create AIDS awareness in the communities.

India is a nation of many religions. With diverse ethnic and cultural entities which indeed add richness to this country. Each religious faith has excellent organizational structure and has been providing health, social and educational services in their various communities for several years. Harnessing the already existing interfaith infrastructure and resources along with collaborative interaction to foster better understanding tolerance and build trust for service delivery which is essential. The first Interfaith Round Table on HIV/AIDS was held at the Urban Research and Training Institute in Bangalore on June 18-19, 2005, which was coordinated by NACO, UNAIDS and VHERDS. The Round Table reaffirmed the vital influence that the religious and spiritual traditions can have on the formation of healthy behaviour and right conscience in individuals and the unique role that the religious heads can play in

curbing the HIV/AIDS in the society by being a moral force in the community faith based organisation (FBO's) thus provide a very credible platform and partnership to address the challenge of HIV and AIDS prevention, control and awareness in collaboration and synergy with the government.

The tremendous impact of religion and the vast outreach potential of various festivals in India have also been used for creating HIV/AIDS awareness. For instance, Indian Health Organisation has organised various HIV/AIDS awareness exhibition during major festivals such as Kumbh Mela (in Nasik & Allahabad), Ganpati immersion and annual Urs of Khwaja Moinuddin Chisti (Ajmer), In Mysore (Karnataka), a local community has erected a shrine for what they call as AIDS goddess 'AIDS Amma'. Former Prime Minister Atal Bihari Vajpayee, addressing a meeting on HIV/AIDS stressed on the need to involve religious institutions in our fight against HIV/AIDS. In his word 'we should actively involve religious establishments who can have a strong influence over large sections of society' in combating HIV/AIDS³⁰.

The Evangelical Baptist Church (EBC), Manipur in Churachandpur district has decided to actively campaign against HIV/AIDS and distribute condoms despite opposition from religious heads. The church also allowed some of the key NGO's working in Manipur to educate people during Sunday masses in particular and at regular prayer meeting. The EBC was founded in 1948 and it had 40,000 members in Manipur, Mizoram, Assam and Nepal.

Awareness through community participation

In recent years there has been a growing awareness about the HIV/AIDS in different communities playing a crucial role. The recognition of community participation or group meeting in facilitating

HIV/AIDS prevention efforts led to the reformulation of both theoretical and practical efforts at HIV/AIDS prevention care.

Community participation or group meeting approaches allow us to study and determine the salient features of the social structure as well as the psychological factors of the community participatory methodology has also been extensively used to develop culturally appropriate behaviour changes programmes. The Social Marketing Initiative (SMI) technique was developed by the Centre for Disease Control and Prevention (CDC). Another programme which is also developed by CDC is the Preventive Marketing Initiative (PMI) approach, engaged in involving, preparing and recruiting young people of the communities to actively assist in HIV/AIDS prevention efforts.

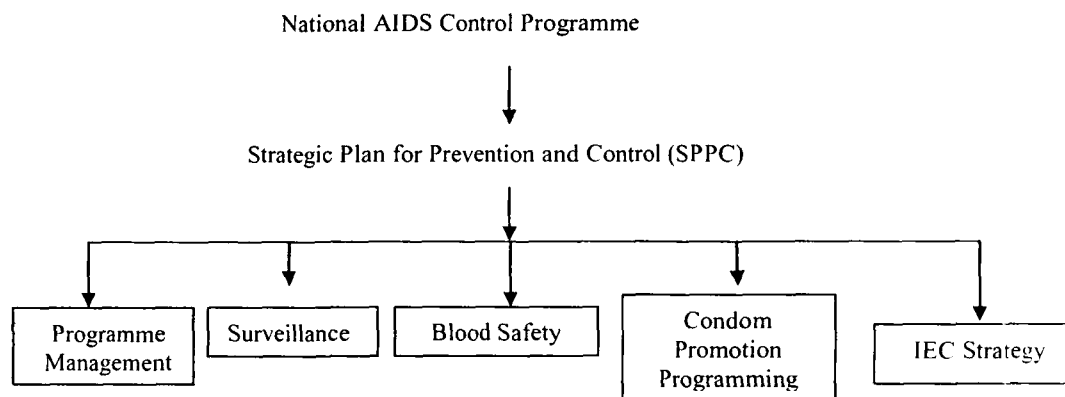
In a project on Sonagachi (West Bengal) in Kolkata, TAI (Tamil Nadu AIDS Initiative) programme in Tamil Nadu etc. qualify as an exemplary peer education project that is running successfully among commercial sex workers and transgender.

Under NACO community care and support, the first community care center for PLHWA was inaugurated in New Delhi on 6th April, 2000. Researchers observed that community counseling could effectively help in facilitating the community to take the responsibility for change and in this sense it is an indicator of behavioural change and sustainability³¹.

Communities have been at the forefront of the response to HIV/AIDS since the emergence of the epidemic. Mobilising communities on participation of communities to act collectively ensures that the AIDS epidemic is owned and responded to by all levels of society. Thus community participation or group meeting can play a vital role in planning, implementing and sustaining HIV/AIDS awareness and prevention.

NATIONAL AIDS CONTROL PROGRAMME IN INDIA

The first case of HIV was detected in 1986 by Christian Medical College (CMC), Vellore, in the blood sample of a commercial sex worker from Chennai. After that a National AIDS Committee was setup under the chairmanship of Minister of Health and Family Welfare. The NACO was established in May, 1992 in New Delhi by the Ministry of Health and Family Welfare to manage the activities of NACP



Condom Promotion

The adoption of safe sex is central to HIV prevention and condom promotion is a key component of HIV/STI (sexually transmitted infection) control programmes. Condom supply was organised with the help of Department of Family Welfare. NACO has initiated a programme to ensure that good quality and affordable condoms are easily available to the vulnerable groups. Emphasis was placed on social marketing of condoms. The male latex condom is used correctly without oil based lubricants is the single most efficient available technology to reduce the sexual transmission of HIV and other STI's. The female condom is an alternative to the male condom and is made from polyurethane, which allows it to use in the presence of oil based lubricants with consistent and correct use of condoms. There is a very low risk of HIV infection.



Public Awareness through IEC

Efforts are underway in all parts of the country to educate people about HIV/AIDS. A comprehensive Information, Education and Communication (IEC) strategy was prepared by NACO in 1994 at two levels. At the National level political and media advocacy is being enhanced to create a supportive environment and the state level; State AIDS Control Societies are undertaking IEC activities in accordance to their social and cultural context.

IEC strategies are being extensively used in different ways across the globe to create HIV/AIDS awareness. The use of IEC material in the form of Audio/visual aids have been vitally helpful for illiterate people and written text in the form of brochures, booklets, pamphlets etc.

The school AIDS programme of NACO is a crucial intervention to address school going youth of the country. It is an innovative effort that provides peer driven life skills education to children of classes 9th and 11th. It is always implemented through department of education either directly or through NGO's, HIV/AIDS education should be given at the primary level. Education of HIV/AIDS is helping develop safe and

responsible life styles like abstinence and also helping young people resist peer pressure to participate in risky behaviour like unsafe sex. The programme is presently operational in about 40,000 schools. The UTA (Universities Talk AIDS) programme launched in 1991 for the youths, which covered 3.5 million students in 4044 institutions in the country and this programme is implemented by National Service Scheme (NSS) with assistance from the WHO and NACO. The programme is aimed at reaching all universities and 10+2 level schools. The UTA is a low cost programme which aims to train 10 new peer educators in college per year³². The programme is very near in creating awareness about HIV/AIDS and developing positive attitude towards sex in boys and girls.

Another programme launched by former chief Dr. Prakash Sarang of AIDS Control Unit in Mumbai to give education about sex and HIV/AIDS through a museum on 29th October, 2002. This programme is a unique programme as compared to others and this museum is established for the first time in India, which is named as 'ANTARANG'. This museum shows that sex education is just like an open diary in our life. This museum is a part of the education tour³³.

AIDS is no longer a public health issue but has become a seriously socio-economic and developmental concern. There is an immediate need to act with an utmost sense of urgency and seriousness. When the diseases defy treatment, cure has to precede and be identifying treatment. Such can be process to combat and control the menace of HIV/AIDS. Thus media is one of the instrumentalities which facilitates and gives directional thrust to the efforts to cure disease if not to treat it. If medicine can treat HIV/AIDS, media is capable to prevent it with ultimate goal to cure it through capabilities to impart education through entertainment.

Media is contributing in a global first against HIV/AIDS as it plays an essential role in reversing the progression of HIV/AIDS. Let us hope

that media continues to play a key role in reversing progression of HIV/AIDS³⁴. Awareness through media, e-quiz and games are also playing a very important role in HIV/AIDS awareness.

Union Ministry of Youth Affairs and Sports has launched an online quiz programme to test your knowledge and awareness about sexual health and HIV/AIDS, celebrity Quiz Master Siddharth Basu has anchored the programme. According to S.Y.Quraishi, the then Secretary of the ministry “youth spend hours playing cricket and shooting rockets through online games, went to absorb some of the time in teaching about sexual health and primarily AIDS through entertainment. Over 30 questions have been selected by a team of experts from UNAIDS, UNFPA, NACO and UNICEF and these quiz questions were available at the portals of Yahoo India. The web based quiz is a part of YUVA (Youth Unite for Victory on AIDS) programme to be launched on June 27, 2006 by the then Vice President Bhairon Singh Shekhawat.

YUVA is a five plan action agenda aimed at reaching out to adolescents and youths across the country that by 2010, all young people have access to accurate information and HIV prevention service and facilities in a conclusive, safe and supportive environment.

There is also development of games as to tool to spread awareness about HIV/AIDS. The mobile gaming championship organised by Nokia in the recent past, attracted more than 26000 people across the country. On December 1st 2005 (National AIDS Prevention Day or AIDS Day), New Delhi based ZMQ systems unveiled four mobile games. Using entertainment as their platform, ZMQ software systems plans on educating people about HIV/AIDS through these games, cricket, Ribbonchase, Messenger and Quiz with Babu³⁵.

NGO's- A Complete Set of NACP

In India, a number of NGO's have responded very positively to the HIV/AIDS epidemic. The role of NGO's in reaching the marginalised groups is vital. Many NGO's continue to help in preventing new HIV infections through awareness generating activities, some of the NGO's recognised for their efforts in combating HIV/AIDS epidemic care.

- AIDS Awareness Group(AAG), New Delhi working with commercial sex workers
- Kolkata Samaritans, Kolkata working with street children
- Children In Need Institute(CINI)-Asha, Kolkata working with street children
- Community Health and Education Society, Chennai working children
- Kripa Foundation, Manipur working with street children for community health rehabilitation
- Naaz Foundation, New Delhi working with men who have sex with men (MSM)
- Prayas and Prachi, Delhi working with different communities.
- Prerana, Mumbai working with children
- Sharan, New Delhi working with Intravenous drug Users(IDU's)
- Society for Promotion of Youth and Masses (SPYM) working with truck drivers.
- Sangram, based in Sangli, Maharashtra is working with women in prostitution and sex work.

NGO's remain passive in exchanging information and reluctant in coming together in a coalition format and it can provide information, services and other social support systems to people in danger of catching the disease.

Support from UNAIDS

The '3 by 5' initiative supported by WHO and UNAIDS was implemented in India with a slow uptake. The number of using antiretroviral increased to a little over 18000 by December, 2005.

UNICEF has been supporting AIDS awareness using the school systems and out of school education mechanism. UNICEF and UNAIDS has been the engine of the 'communication consortium' an initiative requested by the NACO to coordinate behavior change communication. In 2005, UNICEF and UNAIDS launched a major pediatric AIDS initiative was intensified work on prevention of mother to child transmission, increased community care, support to treatment for children and children care for orphans and vulnerable children.

UNDP has coordinated the response to the Tsunami including the HIV component. UNDP and UNAIDS have supported the AIDS community of practice, which is the most successful in India and gathers more than 2000 professionals and civil society members.

UNODC has undertaken a whole set of initiatives for the reduction of impact of HIV on Injecting Drug Users (IDU). UNODC has taken the lead in coordinating UN support in the North-East.

International Labour Organisation (ILO) has stepped up its work, enrolling a large number of companies and professional associations and designing new guidelines and support document. ILO has also worked in close cooperation with unions, both in the formal and informal sectors.

UNFPA has taken the lead in the Reproductive and Child Health (RCH) programme of the Ministry of Health and Family Welfare with a major contribution to condom promotion and logistics.

UNESCO and UNAIDS have worked on AIDS awareness in the education system through National Cadet Corps (NCC).

The most important role of the UN in particular the joint UN team on AIDS, will be the development and implementation of a strategic UN implementation support plan in aid of the third phase of NACP as an integral part of the UN development assistance framework process which commences in March, 2006³⁶.

Testing and Treatment for People Living With HIV/AIDS

The most important part of spreading awareness for those who are already infected and taking knowledge from those, we can further hinder the growth of the disease by spreading messages through different communication channels. The hardest thing is to create general consensus among those who are fighting AIDS worldwide is that HIV testing should be carried out voluntarily, with consent of the individuals concerned. This view has been supported by the Government of India and the NACO, which has helped in establishing hundreds of Voluntary Counseling and Testing (VCT) centers in India.

Voluntary testing is officially supported in India some states have tried to implement policies that would force people to be tested for HIV against their will. In Goa and Rajasthan, the state government recently planned to make HIV test compulsory before marriage and in Punjab it has been proposed that all people wishing to obtain a driver's license should be tested for HIV.

It is scientifically proven fact that timely and appropriate treatment of opportunistic infections could improve the quality of life of positive persons and retain their usefulness to the family and community. Treatment with drugs for opportunistic infections works best when it is accompanied by good nutrition and psychological support that helps patient stay optimistic and comply with the requirements of the therapy they are undergoing³⁷.

HAART, a form of treatment involving ART in 1996, combination of ART is a cocktail of three Antiretroviral (ARV) drugs i.e. Stavudine, Lamivudine and Nevirapine derivative mixed with together to prevent drug resistance. It brings down the viral load and boosts the immune system and delays the progression from HIV/AIDS. It thus holds out the real possibility of improving the quality of life and longevity of those already infected. One form of ART is available as Post Exposure Prophylaxis (PEP), it is taken within three hours of exposure or at the most within 72 hours of a needle stick injury (accidental prick from an infected injection needle or surgery equipment to health personnel or home based carriers of positive patients). It can protect the person from the infection. It is possible for people to live fairly long lives just as they would in any chronic disease, provide that ART is administered in a timely manner. Apart from its humanitarian impact, the strongest argument in support of ART is that the knowledge that HIV/AIDS is a treatable disease may act as spur to voluntary treatment and through the effect of breaking the cycle of transmission, have a significant impact upon public health. The government has started to expand access to ARV's in a number of areas and the national numbers of ARV increased from 70 in 2005 to 350 in 2012³⁸.

They are also planning to improve the provision of Nevirapine to pregnant mothers with HIV, which can significantly reduce the risk of the risk that they will pass infection on to their child. Now in India there are some drugs for pregnant women who are HIV positive can get safe baby. HIV positive men in India could soon father of healthy children without infecting their wives through the latest Sperm Washing Treatment in which individual sperms are removed from the semen of an HIV positive man and then used on his wife through artificial insemination. This way, the sperms are rid of HIV. This treatment ensures that an infected woman

can have a healthy baby without having unprotected sex with her HIV positive husband. AIDS scientist Suniti Solomon, who is also the Director of the YRG Centre for AIDS Research and Foundation said “even they who are married with HIV positive husband women across the globe want to be mothers, sperm washing treatment is great new technique that can fulfill this desire without risking the women’s life”. In this procedure, the semen of an HIV positive man is taken and centrifuged in different gradients, removing the virus and then introduced into women’s body. The woman then conceives without picking up the virus.

According to International AIDS Vaccine Initiative (IAVI), a 50% effective vaccine given to just 30% of population could cut the number of new HIV infections in the developing world by more than half over 15 years. According to analysis, a high efficacy vaccine (70%) with 40% coverage could avert 56% (28 million) of new infections worldwide by 2030.



Above all discussions there are some preventive measures against HIV/AIDS which are as follows:

- Avoiding multiple sex partners
- Using fresh syringes and needles and dispensing syringes and needles after use which could be infected.
- Demand in the saloon for the use of a fresh blade
- Ask for AIDS test before transfusion of blood
- Never recycle the blood stained bandages, cloth, needle or syringe
- Breast milk is the best food and allow your child to be breast feed
- Some physicians suggest that even a mother with a HIV/AIDS need to feed her baby with breast milk
- Milk banks established in hospitals need to be tested for AIDS and provide the milk to the child
- The blood banks need to be regularly checked for AIDS when the blood is donated and again before giving blood transfusion. The government need to strictly regulate this protocol and frame appropriate laws
- AIDS patient need to be strictly monitored for preventing further infection. They need to be looked at sympathetically and their needs may be urgently met
- Narcotics and drug addicts need to be monitored for a longer period in order to check for AIDS
- Regular sexual partners need to be monitored for a longer period by the government and they need to be provided condoms free of cost
- In India there is a need to introduce a special chapter on AIDS in Biology textbooks in schools and provide for a round the clock counseling hotline service

- Video films on AIDS and modes of preventive measures need to be shown to all students
- Film theatres must show a small documentary on AIDS before the screening any movie
- The internet sites on AIDS and preventive measures need to be made popular for the net users
- Radio bulletins must be broadcasted periodically on AIDS and its prevention and awareness
- The literature on AIDS and its prevention must be made available to everyone at low cost in all Indian languages. Government must subsidize the production of AIDS related educational material and publications
- The local folklore , skits, plays, dramas on AIDS prevention messages should be done to educate illiterate public
- Billboards can be prepared in local languages about AIDS and its prevention and awareness and be displayed in public places
- Primary Health Centers (PHC's) in rural areas and paramedics need to be educated to identify AIDS cases if any refer them to hospitals for treatment and promote preventive measures
- The research concerning immunological aspects need to be strengthened in order to understand the nature of the virus and find suitable medicine within the country or abroad
- Illiteracy, poverty and malnutrition are prevalent in many states. These factors increase the chances for the development of AIDS. The efforts need to be made to increase the general standard of life³⁹

The awareness and prevention in India from HIV/AIDS has become an important research area. The epidemic is the underlying cause for reversal of hard earned progress on growth and development indicators.

Today awareness and prevention from it has become our prime necessity. To protect and aware high risk population from HIV/AIDS is a challenging, yet an urgently needed task since these groups are serving as bridges for HIV transmission from the risk behaviour population to the general population.

According to a report by NACO in 2012, India is known to have 2.39 million HIV infected people, the second largest in the world. Many programmes for the vulnerable groups are being implemented across the country with the aim of creating HIV/AIDS awareness amongst them.

Awareness for sure holds the key to success in containing the spread of the epidemic. People who are aware educated are known to adopt measures to protect themselves and take proper treatment for the virus as compared to those who are unaware about the disease. Hence there lies an urgent need to create awareness among masses especially those who face increased vulnerability to the disease. But, unfortunately in India, the task of creating AIDS awareness is complicated by various reasons such as illiteracy, socio-cultural taboos and restrictions and adherence to gender inequality as norm as well as economic compulsions.

Educating people about HIV/AIDS is complicated in our country as number of languages and hundreds of different dialects are spoken within its population. It means some HIV/AIDS education and prevention and awareness can be done at the national level, many of the efforts are best carried out at the state and district level.

Each state has its own HIV/AIDS awareness and prevention control societies, which carries out local initiatives with guidance from NACO. Under the second stage of the NACP which was finished in 2006, state AIDS control societies were granted funding for youth campaigns, blood safety checks and HIV test among other things, various public platforms were used to raise awareness of the epidemic i.e. concerts, religious

forums, community participation, voluntary organisations, radio, dramas, voluntary blood donation camps, day games for school children and TV spots with a popular Indian film star. Messages were conveyed to young through school. Teachers and peer educators were trained to teach about the subject and students were educated through active learning sessions including debates and role playing.

The next stage of NACP which has been completed in April, 2012 has US \$ 2.5 billion pumped for fighting against HIV/AIDS, most of which has be spent on prevention. Aside from the government, this money has come from NGO's, companies and international agencies such as the World Bank and The Bill and Melinda Gates Foundation.

The next phase which is NACP-IV of the programme is being initiated. The next phase will continue to be focused on lower strata, weaker sections and people who are living in far flung areas. NACP has explored various approaches towards this. NACP IV will continue to provide care, support and treatment to all eligible population along with focused prevention services for the high-risk groups and vulnerable populations⁴⁰.

From the above discussion we can conclude that several measures were taken by the government as well as private organisations to check the spread of AIDS. It can also be concluded that communication is the only way of sending awareness related messages. Many schemes were introduced to understand the dynamics of the disease some which are initially successful and the others are in development stages. By seeing the history and nature of HIV/AIDS we can say a lot of work is to be done in the future.

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CHAPTER- 2
AIDS CONTROL
PROGRAMMES
IN
INDIA

Due to the ever growing danger of spreading of HIV/AIDS, a number of programmes are undertaken by the government as well as the private organisations and foundations which are funded even from foreign countries. Several programmes were started by the government on National level as well as on the State level. Many NGO's are also working in the awareness and prevention of HIV. Nowadays many corporate houses as part of their Corporate Social Responsibility (CSR) which is encouraged by the Govt. of India are shouldering some responsibility for the Research and Development for the prevention of HIV/AIDS. The chapter deals in details of the programmes initiated by the government from its initial stages up to present times from national level to the state level. It focuses on the National AIDS Control Programme as well as the works of State AIDS Control societies. Some light is also shed on the privately funded organisations.

National AIDS Control Programme

Demographically, the second largest country in the world, India has also the second largest number of people living with HIV/AIDS¹. More than 70% Indians live in rural areas and about 28% in urban locations, including 60 million in urban slums. About 26% of the population comprising mostly of agricultural labour, rural artisan and urban casual household workers live below poverty line².

National Health Policy (NHP 2002) and India Vision 2020 commit the country to fight all communicable and preventable diseases³. With increasing life expectancy, contemporary public health scenario in India reflects two dominant trends: i) an epidemiological transition towards greater incidence of non-communicable/life style diseases, and ii) The growing challenge of communicable and preventable diseases being highlighted by HIV/AIDS. The Millennium Development Goals (MDGs)

commit all countries to reverse the spread of HIV/AIDS by 2015. As a signatory nation, India stands committed to achieve this goal through its National AIDS Control Programme.

Answer to the Challenge

India's initial response to the HIV/AIDS challenge was in the form of setting up an AIDS Task Force by the Indian Council of Medical Research (ICMR) and a National AIDS Committee (NAC) headed by the Secretary, Ministry of Health. In 1990, a Medium Term Plan (MTP 1990-1992) was launched in four States, namely, Tamil Nadu, Maharashtra, West Bengal and Manipur and four metropolitan cities, namely, Chennai, Kolkata, Mumbai and Delhi. The MTP facilitated targeted IEC campaigns, establishment of surveillance system and safe blood supply. In 1992, the Government launched the first National AIDS Control Programme (NACP-I) with an IDA Credit of USD 84 million and demonstrated its commitment to combat the disease. NACP-I was implemented during 1992-1999 with an objective to slow down the spread of HIV infections so as to reduce morbidity, mortality and impact of AIDS in the country. To strengthen the management capacity, a National AIDS Control Board (NACB) was constituted and an autonomous National AIDS Control Organisation (NACO) was set up to implement the project. The key outcomes of the project included: capacity development at the state level in the form of setting up State AIDS Cells (SACs) in 25 States and 7 UTs; a well function blood safety programme aimed at reducing HIV transmission through blood; expansion of HIV sentinel surveillance system; collaboration with nongovernment organizations on prevention interventions; and intensified communication campaigns. During this period, bilateral partners like USAID (Tamil Nadu), DFID (Andhra Pradesh, Gujarat, Kerala, Orissa and West Bengal) and CIDA (Karnataka and Rajasthan)⁴ also

implemented focused programmes successfully and contributed to the state and national level efforts.

In November 1999, the second National AIDS Control Project (NACP-II) was launched with World Bank credit support of USD 191 million⁵. Based on the experience gained in Tamil Nadu and a few other states along with the evolving trends of the HIV/AIDS epidemic, the focus shifted from raising awareness to changing behaviour, decentralization of programme implementation at the state level and greater involvement of NGOs. The policy and strategic shift was reflected in the two key objectives of NACP-II:

- To reduce the spread of HIV infection in India.
- To increase India's capacity to respond to HIV/AIDS on a long-term basis.

Policy initiatives taken during NACP-II include: adoption of National AIDS Prevention and Control Policy (2002); National Blood Policy; a strategy for Greater Involvement of People with HIV/AIDS (GIPA); launching of the National Rural Health Mission; launching of National Adolescent Education Programme; provision of anti-retroviral treatment (ART); formation of an inter-ministerial group for mainstreaming; and setting up of the National Council on AIDS, chaired by the Prime Minister.

Key Achievements

At the operational level, NGOs were involved in the implementation of 1033 Targeted Interventions (TIs) among HRGs and setting up 875 Voluntary Counselling and Testing Centres (VCTCs) and 679 STD clinics at the district level. Nation-wide, state level Behaviour Sentinel Surveillance (BSS) surveys were conducted. Prevention of Parent to Child Transmission (PPTCT) programme was expanded across the states. Introduction of a Computerized Management Information

System (CMIS) and a Computerized Project Financial Management System (CPFMS) were the other highlights of NACP-II. In addition, a number of organizations and networks were also strengthened; support from bilateral, multilateral and other partner agencies also increased substantially. As a result of all these efforts, the HIV prevalence as indicated by recent studies and analyses seems to be stabilizing, while states like Tamil Nadu, Andhra Pradesh, Karnataka, Maharashtra and Nagaland have started showing declining trends (Rajesh Kumar et al 2006). The sentinel surveillance results of 2005 also reinforce the stabilization trends indicating that the expected outcomes of NACP-II have broadly been accomplished.



Scope for Improvement

While there has been a systematic improvement in the response, there are areas that still require greater attention and stronger focus. The lessons that have emerged from the implementation of NACP-II include the following:

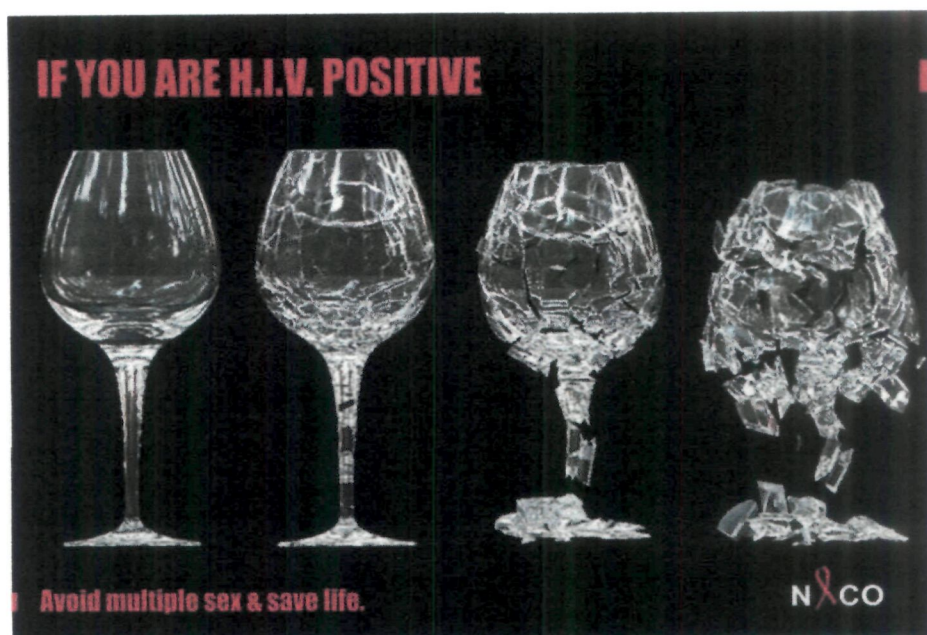
- Complexities of the epidemic and its exact dimensions are yet to be understood especially in the Northern and North Eastern states of the country.

- Frequent changes of Project Directors (PDs) of State AIDS Control Societies (SACS) and other senior programme managers at the state level weakened the thrust and focus of interventions. In some highly vulnerable States, PDs were either saddled with additional non-HIV responsibilities or given SACS charge as additional responsibility. A large number of functional positions in the SACS remained vacant. These factors contributed to an uneven implementation of the programme. It is necessary to have policy safeguard against this trend.
- Decentralisation and devolution of decision-making powers to the SACS was a right step, but without commensurate capacity development and technical support, it did not produce desired results.
- Focused attention on the HRGs through TIs proved to be an effective strategy for preventing the spread of infection. However, this was not appreciated and implemented in all states, partly due to attitudes towards high risk behaviours and partly due to weak systems for partnership with civil society. Consequently saturation of coverage of HRGs nationwide is yet to be accomplished. In some States, targeted interventions were not accorded the priority they deserved. Interventions on MSM and IDU remained low. Out-of-school as well as unschooled youth, married adolescents and rural population did not get due attention.
- Condom promotion and procurement registered an improvement in 2005 but remained below the targets, emphasizing the need for more aggressive Social Marketing.
- Barring some exceptions, participation of the private sector and mainstream civil society organizations was limited.
- Potential of 21 million youth volunteers in NSS, NCC, Scouts and Guides, NYKS, Youth Clubs, Youth Red Cross and Red Crescent

remained under utilised both in prevention as well as building an enabling environment.

- Convergence between RCH and NACP remained a difficult challenge.
- AIDS mortality and under reporting are issues that deserve more attention as these have a bearing on the interpretation of sero-surveillance data. This requires careful examination of available methodologies and choice of the best available method suited for India. Similarly, about 86% of transmission being sexual, it would be necessary to find out how much of this is caused by limited access to services to women. Simultaneously, it would be necessary to ascertain to what extent this is accounted for by men having sex with men (MSM). Under NACP-III, sentinel surveillance will cover all districts for making the results more representative.
- During NACP-II, a number of regional and national level studies, assessments, surveys and laboratory research were conducted. Operational and biomedical data compiled by UNAIDS and other agencies account for as many as 500 research documents/papers, in addition to the BSS 2001. Management and utilization of such a large storehouse of knowledge for improving programme strategy, planning and monitoring remains a challenge. The existing research wing within NACO needs to be strengthened to deal with the emerging need for knowledge management.
- Notwithstanding a significant step-up of the overall resource availability for HIV/AIDS programme, India's per capita financial investment on HIV prevention, control, care and support remains one of the lowest in the world. To scale up activities and interventions in prevention, care and treatment, a much higher level of investment is required. Strategies of NACP-II that yielded significant positive

results have been strengthened in NACP-III and the gaps addressed based on the lessons learnt.



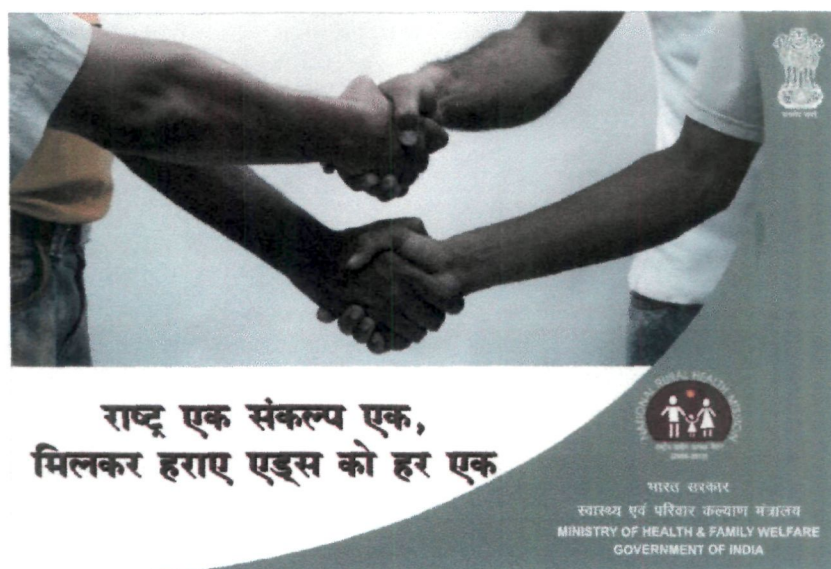
NACP-III Development Progress

Against this background and keeping the prevalent social context, concerns and the emerging HIV/AIDS scenario as well as drawing from the experience of the earlier two phases, NACO initiated the preparatory process for NACP-III (2006-2011). A retreat was organized in March, 2005, to reflect in depth the lessons learnt during NACP-II and chart out the future road map. In April, 2005, the Government of India constituted a national planning team to begin the preparatory work. A conscious decision was taken to make this process consultative, participatory, inclusive and transparent. The team developed a framework document for NACP-III, discussed it with NACO and placed it before a newly constituted National Steering Committee. Soon after, the framework was field tested in one highly vulnerable state (Uttar Pradesh), one high prevalent state (Andhra Pradesh) and in the north-east (Nagaland). With inputs from these states, components of the framework were further fine-tuned and placed before the national conference of Project Directors of SACS and the development partners. In order to enlarge the consultative

process, 14 thematic working groups representing experts and practitioners deliberated on HIV/AIDS issues and concerns and submitted their recommendations. Areas covered included: programme management; implementation and organizational restructuring; financial management; mainstreaming and partnerships; gender, youth, adolescents and children; condom programming; service delivery, STI/RTI treatment and convergence with RCH; targeted interventions; communication, advocacy and social mobilization; GIPA; human rights, legal and ethical issues; care, support and treatment; research, development & knowledge management; M & E and surveillance. For public participation in the planning process, UNAIDS and NACO set up an e-Consultation forum. This was followed by a series of handholding consultations with stakeholders at the state level for preparation of state and district level programme implementation plans (PIP). A national consultation with the civil society organisations was also organized to validate the draft strategic frame work and obtain further inputs to the planning process. The Planning Team also had deliberations with the INP+ and PWN for their inputs. A series of dialogue with the development partners was also undertaken along with a number of interactions within the Health Ministry including RCH and NRHM authorities. The National Steering Committee met six times during the preparatory phase to exchange views and review the progress in the planning process⁶.

In October 2005, a Joint Pre-Appraisal Mission led by the World Bank assessed the status of programme preparation and critically appraised the strategic framework document. While endorsing the same, the mission provided additional inputs to improve it further. Between November and December 2005, a series of State PIP Workshops were held for developing state plans. Simultaneously, to augment the planning exercise further, the Planning Team also initiated six studies focusing on

the rural dynamics of the epidemic, MSM issues, attitudes of health care providers, HIV situation among police and paramilitary forces, social marketing issues, and effectiveness of the existing communication strategies. Similarly, five assessments viz. social, financial, environmental, institutional procurement were also undertaken. The experience of NACP-I and NACP-II, consultations, studies and assessments led to a consensus on the goal, objectives and strategies for NACP-III adhering to the larger MDG goal.



Goal and Objectives

The overall goal of NACP-III is to halt and reverse the epidemic in India over the next 5 years by integrating programmes for prevention, care, support and treatment. This will be achieved through a four-pronged strategy:

1. Prevention of new infections in high risk groups and general population through:
 - a. Saturation of coverage of high risk groups with **targeted** interventions (TIs)
 - b. Scaled up interventions in the general population

2. Providing greater care, support and treatment to larger number of PLHA.
3. Strengthening the infrastructure, systems and human resources in prevention, care, support and treatment programmes at the district, state and national level.
4. Strengthening the nationwide Strategic Information Management System.

The specific objective is to reduce new infection as estimated in the first year of the programme by:

- Sixty per cent (60%) in high prevalence states so as to obtain the reversal of the epidemic; and
- Forty per cent (40%) in the vulnerable states so as to stabilize the epidemic.

Programme scheduling and Focus Areas

NACP-III seeks to learn from the lessons of the previous two phases of programme implementation and build on the strengths thereof. Its priorities and thrust areas have been drawn up accordingly and include the following:

- Considering that more than 99% of the population in the country is free from infection, NACP-III will place the highest priority on preventive efforts while, at the same time, seeking to integrate prevention with care, support and treatment
- Sub-populations that have the highest risk of exposure to HIV will receive the highest priority for intervention. These would include sex workers, men who have sex with men, and injecting drug users. Of lower priority will be those groups which have high levels of exposure to HIV infection such as long distance truckers, prisoners, migrants (including refugees) and street children.

- Those in the general population who have greater need for accessing prevention services such as treatment of STIs, voluntary counselling and testing and condoms will be next in the line of priority.
- NACP-III will ensure that all persons who need treatment would have access to prophylaxis and management of opportunistic infections. Persons who need access to ART will also be assured first line ARV drugs.
- Prevention needs of children will be addressed through universal provision of PPTCT services. Children who are infected will be assured access to pediatric ART.
- NACP-III will also make efforts to address the needs of persons infected and affected by HIV, especially children. This will be done through the sectors and agencies involved in child protection and welfare. Impact of HIV on others will also be mitigated through other welfare agencies providing nutritional support, opportunities for income generation and other welfare services.
- NACP-III will invest in community care centers to provide psycho-social support, outreach services, referrals and palliative care.
- Socio-economic determinants that make a person vulnerable also increase the risk of exposure to HIV. NACP-III will work with other agencies involved in vulnerability reduction such as women's groups, youth groups, trade unions etc. to integrate HIV prevention into their activities.
- Mainstreaming and partnerships will be the key approach to facilitate multi sectorial response engaging a wide range of stakeholders. Private sector, civil society organizations, PLHA networks and government departments would all play crucial role in prevention, care, support, treatment and service delivery. Technical and financial resources of the

development partners will be leveraged to achieve the objectives of the programme.

Avahan-An Initiative by Bill and Melinda Gates Foundation

In 2003 the Bill & Melinda Gates Foundation began its large HIV prevention program, the India AIDS Initiative, later called Avahan, to curtail the spread of HIV in India. At the time, there was an understandable sense of urgency about the rising prevalence of HIV in the world's second most populous country.

The foundation had three primary goals for this initiative:

1. Build an HIV prevention model at scale in India
2. Catalyze others to take over and replicate the model
3. Foster and disseminate learning within India and worldwide

Avahan has successfully built a large-scale HIV intervention program in its first five years. It operates in six states in India, which have a combined population of 300 million people. Within these states, it provides prevention services to nearly 200,000 female sex workers, 60,000 high-risk men who have sex with men,* and 20,000 injecting drug users, together with 5 million men at risk.

Avahan is now, in keeping with its second goal, beginning to hand over the program to "natural owners," like the Government of India and communities it has served since the beginning. The program has also begun work on the third goal of disseminating learnings from this initiative, and this document is a part of that effort. Throughout this document, "Avahan" refers to the effort of the partner organizations, hundreds of grassroots NGOs, thousands of peer educators, and others working on this initiative.

Indicators and Results

In 2003, increased funding and advocacy for care and treatment has led to HIV prevention losing emphasis among HIV practitioners. Globally there was evidence that working with populations at greatest risk (high-risk groups) and bridge populations in early and concentrated epidemics translated into HIV reduction among general populations. However, there were few examples of HIV prevention interventions that provided services for a large portion of high-risk individuals at a country or regional level. This resulted in prevention practitioners calling for a "bridging of the prevention gap" by increasing access of high-risk groups to a combination of proven interventions. In 2003, UNAIDS studies reported that Asia presented the greatest risk of expansion of the global epidemic. Government surveillance data gathered from attendees at government-run antenatal clinics (ANC) showed that HIV prevalence was over one percent in 51 districts across India (1-4 million people per district). Of these, 39 districts were located in four southern and two north-eastern states of India.

In India, and in most of the rest of Asia, two major factors contribute to the growth and the large number of people affected by the HIV epidemic. These are the number of sex workers and their clients, and then the frequency of unprotected sex between them. Injecting drug users and men who have sex with men are also at risk and contribute much to the overall epidemic. Limited data from published studies and sentinel surveillance of high-risk groups in India at the time indicated that HIV transmission in south India was primarily sexual, and in the north-east mainly related to injecting drug use.

The Indian response had a sound strategy addressing high-risk groups. However, coverage of these groups was variable, and in general low. The foundation initiated a design process with a team of technical

experts. They conducted a careful review of data on the epidemic and looked at the prevention program coverage by existing Government of India and other donor-supported programs.

After consultation with the Government of India, the foundation began Avahan in mid-2003. The initial funding commitment for the India AIDS Initiative was US \$200 million for five years, with an additional US \$58 million committed in 2006. Avahan's aim was to help slow the transmission of HIV to the general population by raising prevention coverage of high-risk and bridge groups to scale by achieving saturation levels (over 80 percent) across large geographic areas.¹⁰ Experts thought such an approach would be difficult to accomplish in India, due to the scale and diversity of the country and the risk of further stigmatizing these groups⁷.

Avahan's Approach

The following are key approaches made in the initial design and subsequent evolution of Avahan:

1. Focusing prevention efforts on high-risk groups
2. Concentrating efforts on the six states with the majority of HIV cases at the time
3. Basing the initiative on global best practices in HIV prevention
4. Scaling services across intervention geographies rapidly to contain the spread of the epidemic
5. Creating the foundation's first in-country office to facilitate rapid scale-up
6. Investing in knowledge-building, evaluation, and dissemination
7. Articulating an explicit goal to transfer the funding and management of the program to natural owners including government and communities⁸.

AIDS Awareness Group (AAG)

AIDS Awareness Group (AAG) is a voluntary organisation (NGO), which was registered in 1994 under the Societies Registration Act (1860). It is one of the largest organisation that is working on very primary and ground level throughout the country. Its mission is to contribute towards minimising human suffering in the fields of health, STIs/AIDS, domestic violence, through awareness programmes, treatment and referrals and counselling to facilitate generation of options for crisis resolution. AAG also deal with issues of human rights violations through advocacy and free legal aid.

Their main thought/effort behind the above mentioned goals is to fulfil the mission of contributing towards minimising human suffering, especially where health is concerned. To achieve this, they endeavour to pay more attention to health facilities for vulnerable population. The organisation concentrates mainly on HIV/AIDS & STIs awareness programmes so that this epidemic can be controlled and the incidence of HIV infections is minimised⁹.

Special attention is given to the symptomatic treatment of STIs because it is not always possible to take the clients for laboratory tests. If a person is infected with STIs, he / she is at greater risk of getting infected with HIV.

Objectives of AAG

1. Creating awareness about HIV / AIDS / STIs (sexually transmitted Infections) in the jails, red light areas, slums, universities, colleges, schools, etc.
2. Providing counseling for people infected and / or affected by HIV / AIDS.

3. To produce IEC (information, education, communication) material on HIV/AIDS and STIs, Sex and Sexuality and allied topics.
4. To observe, (discretely) if the human rights of prisoners are being violated, and take appropriate action to inform the concerned authority confidentially.
5. Helping victims of domestic violence and other disadvantaged persons referred to us, and providing legal aid.
6. To take up advocacy work on issues of social injustices, unfair policies and discriminatory law enforcement, in collaboration with likeminded NGO groups, and lawyers.

It enhances awareness among the people by holding:

- Awareness sessions and street plays inside Tihar Jail
- Street corner meetings with potential clients on GB Road
- Having periodic street plays on HIV / AIDS so that as many people as possible learn through a non-invasive method.
- By training peer group educators at Jawaharlal Nehru University, as well as being available at a counseling center in the Health Centre itself. At the health center, the students come to ask questions in complete privacy. They learn how to take care of themselves, either by taking appropriate decisions for behaviour change, or through using prophylactic measures.



AAG is working in the following Areas: -

1. The Tihar Jail,
2. The Red light area on GB Road,
3. In Central Delhi primarily but not exclusively with Nepali Migrants.
4. In the Resettlement (JJ) Colony at Madanpur Khader for slum dwellers.

Programmes

- Enhancing AIDS Awareness through conducting Sessions, Street Corner Meetings, Street Plays and Magic Shows on HIV /AIDS, and lastly through one to one sessions.

Depending on the area adopt one or more of the following methods:

- A. Participatory Group Sessions with a large number of assembled persons like the jails using Flip Charts and having question and answer sessions during and after the session. These include discussions on Attitudes, Stigma and Discrimination, and where necessary on HIV / AIDS Home Care, diet for positive people and referrals for testing and treatment and allied topics. This is very

effective in Jails, schools and colleges and with Corporate Houses on invitation.

- B. For Mass awareness programmes, Street Plays and/or Magic Shows on HIV / AIDS are used. These are conducted by professional groups trained and briefed by AAG. These are used in Tihar Jail, in the parks at Madanpur Khader, for Nepali Migrants and others in Central Delhi, and on some Sundays on GB Road near the brothels when there is almost no traffic. Except for Tihar Jail where they can only distribute IEC material (Condoms cannot be given), elsewhere in all other areas they distribute condoms also after giving Condom demonstrations on the right way of using them. They distribute IEC material and provide referrals if some people from the audience want
- C. For Smaller Groups (10 to 50) on the roads they use Street Corner Meetings using Flip Charts. They have teams of two with a complete package of Flip Charts, IEC material, and a supply of Condoms both for demonstration and distribution. At the end of the session lasting about 15 to 20 minutes, if someone wants to see a doctor for their personal medical problem/s, it is being referred to one of our three clinics located at Minto Road; GB Road and at Madanpur Khader as relevant. Otherwise they refer them to the nearest Government hospitals. They have found that this method for enhancing HIV / AIDS awareness is very effective and they use it on GB Road near the brothels, on the roads in Central Delhi (Connaught Place, Gole Market, near Shivaji Stadium, on Barakhamba Road, Jhandewalan Road, Karol Bagh etc.) and outside Dhabas (Small wayside eating places, where usually Nepalis work) in Central Delhi and on the streets at Madanpur Khader.
- D. Inside Brothels they hold one to one or one to five or six mini sessions (5-6 minutes) with the sex workers. They usually have no

time available for longer sessions. The volunteers provide information on how one can get infected, how one does not get infected, and the precautions available to us. Condoms were distributed at the end of each session.

- E. At their Drop-in-Centers/Clinics in the three places mentioned above, they provide information to small groups and even hold one to one discussions. They provide pre- test counseling for STIs / HIV / AIDS and testing for HIV at our drop-in-centers located on Minto Road and at GB Road. In the cases of STIs we provide Symptomatic treatment and also refer them to Government Hospitals. For people testing positive with our Kit, they refer the clients to the nearest Government Hospital for ELISA tests and CD 4 count. The Drop-in-Centre at Minto Road was opened in August 2006¹⁰.

Naz Foundation (India)

The Naz Foundation (India) Trust (NI) is a New Delhi based NGO working on HIV/AIDS and Sexual Health since 1994. Through the years, Naz India has evolved and implemented a holistic approach to combat HIV, focusing on prevention as well as treatment. Their focus is on reaching out to marginalized populations infected and affected by HIV. The aim is to sensitize the community to the prevalence of HIV, as well as highlight issues related to Sexuality and Sexual Health. Since 2006 Naz India is implementing the Goal Programme, a collaborative, multi-stakeholder initiative that links the private and NGO sectors and uses sports—in this case netball—as a vehicle for social inclusion. GOAL is a community programme with transformational impact; it builds self-confidence and gives adolescent girls a better chance at life. The programme funded by Standard Chartered Bank is a Standard Chartered Community Investment initiative, run in partnership with local and international NGOs¹¹.

Programme Model

GOAL is offered twice a week; each session includes a mix of netball and education modules. The programme participants are between the ages of 14 and 19 and come from families that earn less than \$2(Rs.110) a day. GOAL's education is focused on four key life skills: promotion of self-confidence, communication skills, health and hygiene, and financial literacy. Once girls complete GOAL, those interested are invited to become GOAL Champions. The GOAL Champions are trained to deliver the programme themselves, allowing us to quickly scale and replicate the model.

The programme was expanded to Mumbai in 2008, reaching 360 girls in two cities and now has a planned expansion to Chennai in 2009.

The Milan Project

For Men Having Sex with Men (MSM) & Transgender (TG)

The first Targeted Intervention program of Naz India, the Milan Project looks to support the populations of men who have sex with Men and Transgender community. These individuals are often marginalized by the mainstream at large and many find it more difficult to access safer sexual practices. We also support these individuals with counseling, training programs and interventions¹².

Drop-in Center

A safe, confidential space for MSM and TGs to access information and discuss issues related to the community.

Facilities at the Center:

- Face-to-face counseling
- Library room and other resources regarding MSM and TGs
- Film screenings
- Vocational training, English classes, and other trainings

- Support Group meetings

Reach

Our outreach workers, all who come from MSM and TG community, conduct regular outreach in “cruising” sites, massage parlours, and in the Kinnar community. This outreach often consists of workers distributing information. Outreach workers also give out condoms, lubricants, and other items that MSM and TGs may not have access to, or cannot afford.

Peer Education

The Peer Education Program is a project of Naz Foundation (India) Trust funded by the Levi Strauss Foundation. After a successful first year that trained 20 pilot peer educators across Delhi University colleges, we have begun our second year with 40 peer educators being trained on: Sexuality, Gender Based Violence, HIV/AIDS and Sexual Health.

After training, they organize and conduct workshops on these issues with their peers. When conducting these workshops, peer educators are encouraged to be creative and many use elements of music, dance and role-playing.

The overall objective of the program is to impact the knowledge, attitudes, values and skills of the students conducting the trainings and of those being trained. The first target was to reach to about 400 students.

Care Home

India is home to the world's largest population of HIV orphans¹³. Unfortunately, the number continues to rise. These children face staggering risks and typically die young or live on the streets. Naz India, working with HIV/AIDS since 1994, opened its arms to HIV positive orphans to create a Care Home in 2000. The Care Home is founded on the belief that all children have a fundamental right to a loving, fun-filled

childhood with access to health, education, and a safe, stigma-free environment.

The Children

The children from NAZ (41 of them at present) range in age from one year to fifteen years. Our school-age children regularly attend classes and are excelling in studies, though many had never gone to school before arriving at Naz. The children are seen daily by a doctor, minimizing the risks of opportunistic infections and providing supervision for those on anti-retroviral therapy. Home-cooked meals emphasize well-balanced nutrition. Each child works with a tutor each day, and yoga classes are held three times per week. The children enjoy playtime, walks in the park, and art projects with the help of volunteers from the community.

Training

They coordinate and conduct training and workshops on issues related to HIV/AIDS and Sexual Health. The objective of the trainings is to build the capacity of individuals and organizations by raising their awareness levels and bringing about a positive change in their attitudes on these topics.

- Features of the program
- Training of Trainers (TOT), Naz India builds the technical capacity of intermediary organizations so they may train other organizations in their region.
- Trainings are conducted in schools, colleges, NGO's, corporate offices, and hospital upon request.
- Naz India has produced a set of training manuals on:
 - Sex and Sexuality
 - Counseling and Testing

- Care and Ethics
- Men who have Sex with Men
- Sexual Health and Human Rights
- Community Involvement throughout the year staff from Naz India participate in melas (fairs) and other community events across Delhi. Our aim is to raise awareness among the community and challenge assumptions. We bring with us information on HIV/AIDS, sexuality, and health. We also have various games available so participants can increase their knowledge about HIV/AIDS and sexuality.

State AIDS Control Societies

SACS are autonomous and decentralised. Each State AIDS Prevention and Control Society has a governing body, its highest policy-making structure, headed either by the minister in charge of health or the chief secretary. It has on board representatives from key government departments, the civil society, trade and industry, private health sector and PLHA networks, who meet twice a year. It approves new policy initiatives, annual plan and budget, appoints statutory auditors and accepts the annual audit report. For better financial and operational efficiency, administrative and financial powers are vested in the Executive Committee and the Programme Director.

Functions of SACS are:

- Medical and public health services;
- Communication and social sector services; and
- Administration, planning, coordination, monitoring and evaluation, finance and procurement.

Rajasthan

Rajasthan State AIDS control society was formed under Rajasthan society act 1958 in December, 1998 National AIDS Control programme

is being implemented by AIDS cell formed under the Directorate of Medical and Health Services, Govt. of Rajasthan, Jaipur. The AIDS cell receives all the AIDS funds from the National AIDS Control Organisation (NACO), Ministry of Health and Family Welfare, Govt. of India in form of grant aid.

The society was constituted under the chairmanship of secretary health in December 1998 to implement National AIDS Control Programme more swiftly. Realizing the need for a broader and more effective response and to facilitate smooth implementation of HIV and AIDS Prevention activities, State Government has setup the state AIDS cell in the Medical Health Directorate in the year 1992. The targeted intervention programme is aimed for slowing down the spread of HIV/AIDS among people who practice high risk behavior namely Female Sex Workers, Men Having Sex with Men, Intravenous Drug Users and Truckers, Migrants. For greater intervention the society also started Advocacy workshops.

Advocacy Workshops

- Intersectoral Workshops
- Media Advocacy workshops
- Sensitization workshops with Private Schools, Govt. Schools Teachers and students
- Police, PRIs, Army, NCC, NSS
- Sensitization with Private Practitioners & Family Physicians¹⁴.

Tamil Nadu

Even though the first HIV case was identified in Chennai, Tamil Nadu and since the Tamil Nadu State AIDS Control Society continues its fight against HIV/AIDS, TANSACS envisions a Tamil Nadu where no

new individual would acquire the HIV infection, and every person living with HIV/AIDS has access to quality care and lives with dignity.

TANSACS believes that Tamil Nadu would be able to halt and reverse the epidemic of HIV very soon, and set itself as a model state in India and in the whole world.

TANSACS' foundation is built on a quality care-and-support system for persons living with HIV/AIDS. By fostering close collaboration with NGO's, women's self-help groups, Community Based Organisations, positive people's networks and various National and International Donor Agencies, TANSACS constantly works towards improvement of accessibility and accountability of the services, effective prevention strategies and providing prevention-to-care continuum support for HIV/AIDS affected people.

TANSACS stands committed to building an enabling environment wherein those infected and affected by HIV/AIDS play a central role in all responses to the epidemic – at state, district and grass root level. TANSACS believes that it is possible for creating an environment where human rights are respected and where those infected or affected by HIV/AIDS live a life without stigma and discrimination.

TANSACS is working to consistently to evolve strategic responses for combating the HIV/AIDS situation in Tamil Nadu to achieve the vision of :

- A Tamil Nadu where every pregnant woman living with HIV has the choice to bring an HIV-free baby into the world.
- A Tamil Nadu where every person has access to Integrated Counselling & Testing Centres (ICTCs)
- A Tamil Nadu where every person will eventually live a healthy and safe life, supported by technological advances.

- A Tamil Nadu where every person who is highly vulnerable to HIV is heard and reached out.

TANSACS Values

- Building an integrated response by reaching out to diverse populations.
- Implementing an AIDS Control Programme that is firmly rooted in evidence-based planning.
- Providing people with accurate, complete and consistent information about HIV.
- Promoting use of condoms for protection, and emphasising treatment of sexually transmitted diseases.
- Working toward motivating men and women for responsible sexual behaviour
- Achieving development objectives.
- Dissemination of transparent estimates on the spread and prevalence of HIV/AIDS in the state and districts.
- Building partnerships¹⁵

Punjab

Punjab State AIDS Control Society (PSACS) was registered in 1998 for implementing National AIDS Control Programme. NACP is a 100% centrally sponsored project. PSACS started functioning in 1999. Principal Secretary Health is the Chairman of the Society Secretary Health has been designated as Project Director of the society. Additional Project Director is the technical head assisted by Joint Directors, Deputy Directors, Assistant Directors, other officers and supporting staff.

During NACP I (1992-1999) the stress was on awareness generation among the general population and high risk population. In NACP II (1999-2006) main focus was targeted interventions for HRGs

along with awareness increase in awareness among general population and high risk population. It also included strengthening and expansion of VCTC, Blood Bank, PPTCT and PEP services etc.

Achievements under NACP I:-

The following important achievements have been made during the first phase of the programme:-

1. **Awareness creation:** - Punjab launched an integrated IEC campaign, for creating awareness on the mode of transmission of HIV infection and methods of preventing the same. The IEC campaign, through electronic and print media, outdoor publicity etc. was major success and is being currently displayed at various important points and road junctions in the state. Awareness among rural as well as urban population has gone from almost zero to about 70%.
2. **Intervention Programme through NGO's:-** The high risk groups of population like truck drivers were identified with the assistance of NGO's in Punjab. During the 1st Phase, various NGOs were given financial assistance for various I.E.C. and intervention programmes. Pilot projects were started with targeted interventions for truckers, student youth, rural youth, industrial workers, migrant labourers etc. Various NGO's were also engaged in school health programmes. Districts education Officers were being involved as are the Principals of schools for the training of nodal students and nodal teachers of 9th and 11th class from all schools of selected districts. A number of NGOs had also taken up IEC programmes independently by taking grants/assistance from other agencies including some international bodies.
3. **Condom Promotion Programme:-**The installing of Condom Vending machines at all STD Clinics and other appropriate public places like railways stations, cinema halls, STD booths, Interstate bus

terminus, etc. was tried through State Red Cross but results were not satisfactory. Condoms were being distributed in Punjab by various agencies like the NGOs, Punjab State AIDS Control Society, and the Health establishments of the Punjab Government through Paramedical Staff. Condoms were also being supplied to the high risk behaviour group i.e. truckers, rural youth etc.

4. **Training:-** With a view to create a network of committed medical workers in the various Government hospitals, in the first phase 851 doctors and 3468 paramedical staff were trained in the State. A detailed action plan was chalked to cover the training of medical officers, dental officers, nurses, paramedical staff, private practitioners and NGOs in the State.
5. **IEC Activities:** - Various IEC activities were being conducted in the Punjab State with the help of medical and paramedical staff and NGOs. Various types of IEC material prepared by the AIDS Control Society, included posters, pamphlets, hand-bills, audio and video cassettes, TV Spots, Radio messages, TV talks/Radio talks, mass awareness programme in the form of Melas, Nukkad Natak, plays, seminars, group meeting advertisements in newspapers, magazines, bus-panels, stickers and hoardings etc.
6. **Impact Reduction and Low cost Care and Support:** - To reduce the emotional, mental and social tension created by the disease of AIDS on individual, family and community, it is necessary to provide counselling. Proposals for setting up of counselling centres in the major hospitals of Punjab were made by State AIDS Control Society. Efforts were initiated to set up pre and post-test counselling services in all the blood testing centres in Punjab. NGOs proposals for setting up counselling centres were considered and some of the NGOs started counselling services¹⁶.

Orissa

National AIDS Control Programme is being implemented through National AIDS Control Organization (NACO), New Delhi, under Ministry of Health & Family Welfare, Government of India with the support of DFID & World Bank fund. From 1992 – 1999, National AIDS Control Programme, Phase - I (NACP-I) was implemented by Government of Orissa under Director, Health Services. From 1999 – 13.07.04: - Programme under NACP –II was implemented through Orissa State Health & Family Welfare Society under the name of State AIDS Cell (SAC). The Governing body of OSACS has 29 members and is presided by the Hon'ble Minister, H & FW. The Executive Body of OSACS has 21 members and is presided by the Commissioner-cum-Secretary to Govt., Health and Family Welfare Department.

Vision & Values

The 3rd phase of National AIDS Control Programme (NACP-III) has been launched from 6th of July, 2007. It is expected to continue till 2012. This programme builds on the attainments of NACP- II, which has led to a relative stabilization of the HIV/AIDS epidemic in the country. The overall goal of NACP- III is to halt and reverse the epidemic in India over the next five years by integrating programmes for Prevention, Care, Support and Treatment.

OSACS has taken measures to ensure that people living with HIV have equal access to quality health services. By fostering close collaboration with NGOs, women's self-help groups, other government departments, corporate/private sector, positive people's networks and communities, it hopes to improve access and accountability of the services. It stands committed to building an enabling environment wherein those infected and affected by HIV play a central role in all

responses to the epidemic – at state, district and grassroots level. OSACS principle is that people need to be aware, motivated, equipped and empowered with knowledge so that they can protect themselves from the impact of HIV. They confront a stark reality – HIV can happen to any of us. Their hope is that anyone can be saved from the infection with appropriate information on prevention. OSACS is built on a foundation of care and support, and is committed to consistently fabricate strategic responses for combating HIV/AIDS situation in India¹⁷.

Maharashtra

MSACS envisions an India where every person living with HIV has access to quality care and is treated with dignity. Effective prevention, care and support for HIV/AIDS is possible in an environment where human rights are respected and where those infected or affected by HIV/AIDS live a life without stigma and discrimination.

MSACS has taken measures to ensure that people living with HIV have equal access to quality health services. By fostering close collaboration with NGOs, women's self-help groups, faith-based organisations, positive people's networks and communities, MSACS hopes to improve access and accountability of the services. It stands committed to building an enabling environment wherein those infected and affected by HIV play a central role in all responses to the epidemic – at state, district and grassroots level.

MSACS is thus committed to contain the spread of HIV in India by building an all-encompassing response reaching out to diverse populations. Efforts are being made to provide people with accurate, complete and consistent information about HIV, promote use of condoms for protection, and emphasise treatment of sexually transmitted diseases. MSACS works to motivate men and women for a responsible sexual behaviour¹⁸.

Kerala

The Kerala State AIDS Control Society (KSACS), plays a pivotal role in the state's strategy in combating the HIV/AIDS epidemic. It is an autonomous society registered under the Charitable Societies Act, with its members drawn from all key government departments to ensure greater flexibility and more effective programme management. Its work is supervised by a Governing body, chaired by the Chief Secretary of the state, and which includes as members Secretaries of various government departments like Health, Social Welfare, Finance, Education, and Project Director of KSACS, Director of Health Services, Director of Medical Education, State Drugs Controller and Inspector General of Police (Law & Order)¹⁹.

KSACS was formed to implement the National AIDS Control Programme (NACP) in the state. It works under the National AIDS Control Organisation (NACO) which is a part of the Ministry of Health and Family Welfare of the Government of India. The National AIDS Control Programme is fully funded by the Government of India and by international donors such as the World Bank, the Global Fund for AIDS, TB and Malaria, DFID (Department for International Development, UK) and USAID (the US Agency for International development) and others.

Madhya Pradesh

HIV / AIDS constitute the greatest threat many societies have ever faced. It outranks every other disease that has affected people in the world. Although AIDS cannot be cured, it can be prevented. Unlike other infectious diseases HIV selectively and disproportionately targets two groups -the young adults and the very poor, economically marginalized population. The prognosis for people infected with the virus is bleak. There is no vaccine against HIV and no effective medical cure for HIV

infection. Treatment options are prohibitively expensive. HIV / AIDS is essentially an incurable and fatal disease. HIV destabilizes societies because of the fear, blame and stigma attached to it .It threatens basic human rights and invades even the right to privacy and human dignity. No other disease affects human society in this way or to this extent.

The first case of HIV/AIDS was detected in MP in 1988, and since then the number of AIDS cases are rising. In view of the seriousness of the problem, MP Government constituted AIDS control cell in 1992 under medical education department. Subsequently MP state AIDS control society was constituted in July, 1998. MPSACS takes policy decisions for effective implementation of AIDS control programme in MP. It is an autonomous institution, funded by National AIDS control organization (NACO)²⁰.

GOA

The HIV/AIDS Control activities in Goa, commenced way back in 1984 with surveillance done amongst High Risk Groups. The Health Education Bureau at Directorate of Health Services was the Nodal Agency for all the Programme Activities. In 1986-87, when first HIV case came to light, the STD Control Programme at the Directorate of Health Services coordinated all the activities, which finally led to the creation of AIDS Cell at the Directorate of Health Services. As the HIV/AIDS turned out to be a major Public Health Problem in Goa, in order to take multi-pronged interventions, the Goa State AIDS Control Society was created and got registered in 1997 to function under guidelines of the National AIDS Control Organization, keeping in view the national pattern. The National AIDS Control Organization and the Goa State AIDS Control Society are the wings of Ministry of Health and Family Welfare at Government of India and at state level respectively.

Goa is a tiny state on the west coast with a total population of about 14 lakhs surrounded by high HIV prevalent states like Maharashtra and Karnataka. Since the first case of HIV/AIDS detected in Goa in 1987, there has been a steady rise in the reported number of HIV/AIDS cases. The epidemic has crossed over from high-risk groups to general population, from urban to rural areas and from adults to children. HIV is now prevalent in all parts of Goa and almost two-thirds of the cases are reported from the four coastal talukas of Goa. HIV infection in women is rising. Out of every three cases detected one is a female. Sexual route is predominant mode of transmission being more than 90%. Goa has been classified as a moderate prevalent state based on the sentinel survey data. Goa has always been in the forefront in combating HIV/AIDS. GSACS over the last few years had initiated various measures and also developed certain infrastructure facilities/ services for the control and prevention of HIV/AIDS²¹.

The Phase-III (2007-12) of AIDS Control Programme will no doubt build on the strengths developed, lessons learnt, gaps identified and experiences gained in the previous two phases of NACP, and consolidate the achievements. However, HIV can no more be the sole agenda of one organisation or department.

Gujarat

In Gujarat, first AIDS patient was diagnosed in the year 1986, i.e. in the same year when first case of AIDS was reported in the country. A state AIDS cell (SAC) was created in December 1992 for implementation of phase I of National AIDS Control Programme (NACP). The programme was implemented in accordance with the guidelines of NACP and the approved of the State Empowered Committee on AIDS as constituted in Gujarat.

With a view to ensure speedy and effective implementation of the program through intersectoral coordination for AIDS prevention and also to involve NGOs, the State AIDS Empowered Committee decided to convert the existing AIDS cell into a registered society. Government of India also advised to constitute State AIDS Control Society for effective implementation of the programme, especially in second phase of NACP which begin from April 1999. Since then, National AIDS control programme is being implemented through Gujarat State AIDS Control Society (GSACS).

The HIV response in India is firmly located within the state framework. Available evidences establishes beyond doubt that HIV virus cannot be controlled only by health department or any other medical fraternity. The issues connected with HIV/AIDS are not confined to the domain of health and go beyond the scope of the health department. NACP III has identified HIV/ AIDS mainstreaming in different sectors and national development programmes as one of the strategies in NACP III to prevent new HIV infections among the general population as well as improve capacities of communities to cope with the impact of HIV and AIDS. GSACS has initiated two way approaches for mainstreaming the HIV/AIDS in all stake holders. First is the State Level Advocacy and networking with key stake holders and secondly, at locally district level through institutionalization "Jeevan Deep Project". Jeevan Deep is an Innovative Projects with three prong strategy.

- Mainstreaming HIV/AIDS.
- Bringing Zero level Stigma
- Developing/Strengthening DLN+ for sustainability.

The project aims to

1. To mainstream the issue of HIV in the important programme/ Department/ Stakeholders of public and private sector (GO, NGO,

CBO, FBO, Hospital, Media, Lawyers etc.) and people living with HIV/AIDS by developing linkages & to advocate with important stake holders in the state & districts.

2. To develop positive speaker bureau and volunteer & strengthen/develop District level Network.
3. To create Zero stigma level in the district.
4. To sensitize vulnerable group especially youth and women for the preventing spread of HIV in these group²².

Andhra Pradesh

HIV/AIDS has become a global challenge with serious implications for the future economic and social development of our society. Half of the entire new HIV infections worldwide are among the young people aged between 15-24 years. Recent reports indicate that, 5.2 lakh people are living with HIV/AIDS in Andhra Pradesh with a prevalence of 1.06%. It is disturbing to note that, despite of best efforts, more than 90% of the HIV infections are occurring through unprotected sex. The high prevalence of HIV is attributed to the presence of large number of Sexually Transmitted Infections, low condom usage, vast network of highways and more specifically large number of young girls being trafficked. If left unchecked, HIV/AIDS can adversely affect the most economically productive segment of society.

In order to address the issues of HIV/AIDS, the Governments both at the Centre and in the States are taking measures such as awareness campaigns like AASHA (AIDS Awareness Sustained Holistic Action) and Be Bold Campaigns, promotion of condom usage and targeted interventions to address the high risk groups etc., to stop the spread of HIV²³.

Prevention Strategy in Andhra Pradesh:

Andhra Pradesh continues to adopt a proactive approach based on the international and national experiences with a clear and multi-pronged effort for prevention and control of HIV/AIDS. Concerted efforts are made to contain the epidemic in the state by adopting a multisectoral and multi-pronged approach. Important programmes, Schemes, project under implementation by the department are given below:

1. Prevention of HIV infection in High-Risk Population: One of the key components of prevention intervention strategies is promoting sexual health among high-risk populations like Female Sex Workers, (FSW) Men Having Sex with Men (MSM) and Intravenous Drug Users (IDU). 58 targeted interventions for these high risk groups have been taken up through NGOs during the year 2008-09. 6 interventions for truckers were started through trucker's associations in the state.

In addition to the interventions taken up by the Govt., Bill & Melinda Gates Foundation took up 60 projects for saturated coverage of sex workers and truckers for prevention and control of HIV among the high-risk groups. These are implemented by the foundation lead partners HLFPT (Hindustan Latex Family Planning Promotion Trust) and International HIV/AIDS Alliance. With these efforts more than 90% of the high risk group populations are covered for prevention programmes of HIV/AIDS.

2. Intensive Awareness campaigns with people's participation: Government has taken up intensive awareness campaigns like, "AIDS Awareness Sustained and Holistic Action" (AASHA) in the year 2005 to May 2006 with focus on promoting ownership of the prevention activities by the community through participation of women and youth groups. This campaign has resulted in increased awareness among the community on HIV/AIDS on modes of transmission, methods of

prevention, information on services available for people living with HIV and reduction of stigma and discrimination towards people living with HIV. Reports from NACO indicate that with the efforts made by Govt. more than 90% of people have become aware of HIV/AIDS in Andhra Pradesh.

3. **Mass Media campaign:** The campaigns through Electronic Media continued with messages on entertainment and news based channels playing the role of catalysts to trigger public opinion on different social issues leading to vulnerability in the context of HIV/AIDS. "ASANNA & ASAKKA" characters introduced in to the media campaign as brand ambassadors to carry forward the messages related to HIV/AIDS have become popular icons. A new Phone –in programme called "Mee Nestam" on FM Radio channel, on every Thursday is started which is attracting larger audience to dispel doubts on various issues of HIV/AIDS.

4. **Adolescence Education Programme and Formation of Red Ribbon Clubs:** Adolescence Education Programme with focus in schools/colleges was taken up to cover 9th and 10th class students in 15,437 schools and all the students in Junior and Degree colleges for creating awareness on HIV/AIDS. Till February 2007, around 2 million students in 13,000 schools and 3000 colleges are covered under AEP. This programme is encouraging students to adopt positive life styles required for prevention of HIV/AIDS. The programme was started in the year 2002-03 and continued every year covering all schools and colleges in the state. A topic on HIV/AIDS was incorporate HIV/AIDS in school curriculum of 9th and 10 classes during this academic year.

5. New IEC campaigns with targeted messages were printed on 40 lakhs postcards and passbooks through the Postal Department. Red Ribbon

Aims and Objectives

The Society was established towards fulfillment of following aims and objectives:

The project has 5 components namely:

- Targeted Intervention, STI Control & Condom Promotion
- IEC, Blood Safety & VTC
- Surveillance Training, Operational Research and Institutional Strengthening
- Low Cost Community based Care for HIV/AIDS
- Intersectoral Collaboration & Coordination²⁵.

Uttar Pradesh

Uttar Pradesh is the biggest state in India in terms of population. Therefore a large and successful is needed for proper implementation of AIDS awareness and its subsidiary activities like prevention and mapping of patients. With an estimated 196 million people, of whom 50% are youths, the state of UP has become a case of high HIV vulnerability. On the contrary, the level of awareness and risk perception is critically low. Presently, the HIV prevalence rate in UP is less than 1%. It may, therefore be seen as an opportunity for the state to focus on prevention programmes. It is to be added here that 1987 was the year when the very first case of HIV was discovered in UP. It followed the establishment of the State AIDS Cell in 1992- 93, the very first step towards HIV & AIDS control. This is how National AIDS Control Program (NACP-I), with the explicit objective of awareness-building commenced in UP. The Uttar Pradesh State AIDS Control Society (UPSACS) was formally registered in 1999, a year after the dissolution of the Cell in 1998, under the second phase of National AIDS Control Programme, (Ref Annual Report 2009-2010 Uttar Pradesh State AIDS Control Society (UPSACS.) programme,

the NACP-II, with the Principal Secretary (Medical and Health) as the President, Secretary (Health) as the Vice President and the Project Director of UPSACS as the Member Secretary. At the district level, AIDS Control Coordination Committees were formed with the District Magistrate as President and the Chief Medical Officer as Member Secretary.

Under the new dispensation, the services of voluntary testing and counseling centers (VCTC) were expanded to the level of district hospitals, more sentinel surveillance centers were created, communication campaigns were launched, and the involvement of NGOs for targeted interventions was taken up, among other programmes.

The coverage and service delivery of the programme, headed by the Project Director, have been limited to the district level. They were further taken up to the Community Health Centre (CHC) and Primary Health Center (PHC) level, besides reaching out to rural and border areas in the ongoing phase:

Activities under NACP-III

Under the third phase, the programme has entered into partnership with UNICEF, FHI and other agencies. NACP-III, while laying down the purpose of UPSACS, i.e., to reduce new infections by 40% so as to stabilise the epidemic, sets out its goal of halting and reversing the pandemic in India over the next 5 years by integrating programmes for prevention, care, support and treatment by adopting the following four pronged strategy:

- Prevention of new infections in High Risk Groups and General Population through:
 - i. Saturation of coverage of High Risk Groups with Targeted Interventions (TIs)
 - ii. Scaled up interventions in the General Population

- Providing greater care, support and treatment to a larger number of PLHIV
- Strengthening the infrastructure, systems and human resources in prevention, care, support and treatment programmes at the district, state and national levels
- Strengthening the nationwide Strategic Information Management System

Lessons emerging out of the previous two phases of programme implementation have been the key to NACPIII and have contributed to the strengths thereof. UPSACS has drawn its priorities and thrust areas accordingly, which include the following.

The general population who have greater need for accessing prevention services have subsequently been placed third in the order of priority. UPSACS ensures that all persons who need treatment have access to prophylaxis and management of Opportunistic Infections (OIs). Persons who need access to ART have been also provided with first line ARV drugs. The prevention needs of children are also being endorsed through universal provision of PPTCT services at all the district hospitals. And those carrying the infection have been ensured access to pediatric ART at most of the places. UPSACS has tried its best to invest in community care centers to provide psycho-social support, outreach services, referrals and palliative care. Resolute efforts are also being put in to redress the problem of socio-economic vulnerability, which is a contributing factor that increases risk to HIV. Mainstreaming and partnerships have been the key approach to facilitate multisectoral response, engaging a wide range of stakeholders. Technical and financial resources of the development partners have been leveraged to achieve the objectives of the programme²⁶.

Various awareness and prevention programmes all across the country are going on much is to be done in the future. The activities undertaken by NACO, UNAIDS and other government agencies specially the state AIDS control societies, which are the working arm of the central body.

As we have discuss that major part of India lives in the rural areas and where the government and NGO's are focusing but a major chunk of it lives in metros, like Delhi and Mumbai. A lot of screening must be done in these cities as they are dwindling in the face of the disease which goes unchecked sometimes.

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CHAPTER- 3

MEDIA AS A TOOL

This chapter deals with the use of media as a tool to curb the growing menace of HIV/AIDS. It shows how different channels of media can help in fighting this disease. Reporting of the HIV/AIDS is also discussed foremost aspect of media in creating awareness about HIV/AIDS and how the issue is being reported in the media and to support this some guidelines laid out by Press Council of India are also highlighted. How media is evolved from basic tool of giving information to the biggest tool to control HIV/AIDS and what are the development that has taken place over a period of time in media. The chapter highlighted the developments in print and electronic media in promoting HIV/AIDS prevention in cities as well as in rural areas. The new ways and types of outdoor arvertising are also discussed.

The mass media have played a visible role in AIDS epidemic in developing country since its first occurrence in the early 1980's¹. Almost all countries in the developing world used some form of media to address the issue². In the beginning these efforts focused on raising the awareness, modes of transmission and the means of prevention. The efforts made a good response and considerable success in raising awareness in most countries with some 90% of the population know the basic facts about HIV/AIDS³. In the past few years, communication programmes have expanded to address the full continuum from prevention to treatment to care and support⁴.

Mass media interventions are programmes or other planned efforts that spread messages to produce awareness in a bid to change behaviour among an intended population through media that will reach a broader audience. The media includes TV, Radio, print, internet and outdoor advertising and can take different forms such as video spots, radio variety shows, radio jingles, songs, soap operas, music videos, pamphlets, billboards, posters, hoarding and interactive websites. Social, cultural,

political, legal, and economic affairs often serve as obstacles to change in behaviour, though context can also facilitate change in certain circumstances. Within this context, the mass media is expected to affect a series of psychological factors, including knowledge, attitudes and self efficacy⁵.

A very important task before visual and non visual vehicles of media apart from making awareness and providing knowledge base about HIV/AIDS is also remove the myths and wrong information about the spreading of the virus and social acceptability of the affected persons. Paucity of information leads to denial and rejection of PLHWA at personal and social level. It is the most common fact in India society and a misconception that individuals who are immoral and social deviant are affected by HIV/AIDS. On one hand the stigma and discrimination attached with the diseases may hinder them from having information and on the other hand some believes that they cannot be infected, promotes denial and keep themselves aloof from realities of the disease.

Addressing the media leader's summit on HIV/AIDS, the Prime Minister Dr. Manmohan Singh stated while focusing attention on research for finding a vaccine for pandemic, no stone should be left unturned in preventing its occurrence by using media in an intelligent and creative manner. In the absence of a vaccine, the social vaccine of education and awareness is the only preventive tool we have. It is appropriately said that prevention begins with information and media is one which conveys information and molds public opinion.

Counties like Thailand have recorded a decline trends of HIV/AIDS infection have demonstrated that this pandemic beats a retreat in the face determined and sustained massive efforts in generating awareness among people and empowering people to combat it in an effective manner.

In June 2001 at U N General Assembly special session on HIV/AIDS, a landmark gathering, the Heads of States and representatives of governments affirmed that 'Beyond the key role played by communities, a strong partnership among governments, the United Nations system, people living with AIDS and vulnerable to it'. The media, parliamentarians, foundations, community organizations and leaders are important⁶.

The media has the capacity to spread and make widespread awareness on HIV/AIDS, and changing their behaviour so as to prevent them and vulnerable to infection. It has a very important role to play in combating against AIDS. It is well proved notion that 'Education is the vaccine against AIDS'⁷.

For better communication and dissemination of messages, the development of the society is also needed. To a greater extent development may be a key to understand communication. We can say in other words communication and development are the major domains of human behaviour which are closely linked to each other. The process of development calls for a strategy of communication which focuses on altering the target recipients of information to seekers of information. The Triple M theory that denotes emergence of mass society, mass culture and mass communication and links it to the formation of nations and societies as result of geographical social and psychic mobility⁸.

There are numerous ways of defining communication. According to Lee Thayer, the basic purposes of communication are the information, command or intrusive function, influence or persuasive function and integrative function. In order to fulfill these varieties of approaches, they should be ranged from intrapersonal to interpersonal, with every approach there be an individual function.

Mass communication can best serve in the process of change, it is defined as a science, art and indeed as a subject matter. Mass communication or in generated term 'Media' is much more than editing, reporting, broadcasting or telecasting. All meaningful social interactions are communication. Without communication there is no society as there will be no dissemination of messages between the people. One of the main functions of the mass communication is change or guides other people's behaviour⁹.

Mass media can create an environment, make issues out of topics, and help to create a favourable social climate, counter hostile propaganda, dispel rumours and clarify doubts.

For the purpose of spreading messages about AIDS and related subjects, and in order to reach out to different target groups one on more media has to be used. A wise combination of methods and media will depend upon the target audience and the contents of the messages. While selecting the methods and the media, one has to consider the background of the target audience, their communication patterns, power structure of their society, culture etc. Methods of communication could range from individual contacts, group discussion, demonstrations and campaign methods to mass communication. Mass media does not directly change behaviour but it provides an ambience suitable for behaviour modification. Mass media can make a topic popular, fashionable or noteworthy of attention. A message when picked up by a few opinion leaders can be spread around and become a way of life.

Mass Media for Communicating About HIV/AIDS

Mass media represents the most readily available and potentially most economical means of imparting information about HIV/AIDS. Along with other forms of communication the mass media can effectively

raise public awareness and concern about HIV/AIDS. However efforts to curb the HIV/AIDS epidemic cannot rely on news media to do on their own¹⁰. Communication experts have called for the mass education of the general public and argued that this large scale education has the potential for not only correcting misinformation, but also creating and maintaining a more favourable environment for AIDS prevention¹¹.

Media has been involved in the coverage of AIDS issue, since the very beginning and hence it cannot emotionally immune to this epidemic. The earliest press coverage of the disease was when it first surfaced as a gay disease over the years, the nature of press coverage of the disease has changed and also its treatment. Many forms media comes to into the reckoning with each making its own presence. But the quality of coverage of the disease has changed dramatically. Initially the press coverage could be analysed as crude and insensitive as it is emphasized on the sex lives of a certain group and only reflected the public opinion at that time. Those were the times when exposure of media is very limited and the public does not have the content to frame their opinion, when the society matured over a period of time, the press grew too. An expert group concluded at their meeting at the WHO (1993) that mass media campaigns have promoted widespread AIDS awareness, safer sex and condom use. An analysis of 10 major social marketing programmes concluded that mass advertising has contributed more to increased condom sales than any other factor including price, cultural attitudes towards family planning and the level of national socio-economic development¹². Evaluation studies have shown that there have been positive changes in condom using following AIDS prevention campaign in the Netherland, Switzerland, United Kingdom and the USA. For example, the Swiss campaign resulted in over 50% increase in the use of condoms. For better understanding of the awareness campaigns and good

knowledge about what had been said in the messages is that the receivers should be educated enough to understand it.



Reporting in Media

One of the foremost aspect of media in creating awareness about HIV/AIDS is how the issue being reported in the media. Reporting in the media can have far reaching effects amongst the public. According to the agenda setting hypothesis of Macomb and Shaw, mass media are the directors of our perceptions. They acquaint the masses with a certain portion of reality and through this familiarization agenda setting as done. Rogers and Dearing came down on the simplistic formula of Macomb and Shaw. Real life indicators of the issue should be there for any agenda to be set at all. As it is common that knowledge is a selective perception and the cognitive dissonance helps the audience to choose the message of their liking, thus, the messages given by the media must find

reinforcement in personal life and experiences to be accepted. These mass media efforts have to be supported with interpersonal and group efforts to fight the ignorance about this situation. It is convenient to think about communication from the communications point of view but is interesting to note the receiver's viewpoint. Whilst the communication might create the message, it is receiver who created the meaning.

Messages do not enter the receiver's head exactly as the communicator desires messages are interpreted and analysed intellectually and meaning is constructed by the receiver. Mass media must careful not to sensationalize news about AIDS, which can cause undue panic. According to the London based UK NGO consortium for the third world countries reporting be misleading due to:

1. Inaccuracies or careless use of language.
2. Indiscriminate reporting of scientific information or unbalanced selection of scientific stories.
3. Misinterpretation or sensationalisation of information.
4. Personal attitude of reporters and editors which have influenced their reporting.
5. Repeating information which though accurate at the time, has later been proved wrong
6. Failure to keep pace with rapidly changing information.
7. Unfortunate use of quotes which seem to give credence to accurate and sometimes changing information.

Guidelines for Reporting by PCI

The Press Council of India under the mandate 13(2) of the PCI Act, 1978 has made guidelines for reporting in media in order to bring functioning to the level of disciplines. The guidelines for the coverage of HIV/AIDS were introduced in the year 1993. The need for these

guidelines was felt when there were huge misconceptions about the disease were reported by the journalist who knew nothing about the disease and presented it in a very disgusting form. Fear was created in the minds of the general public through different forms of media like Newspaper, TV and Radio. The situation arises when an incident involve reporting of two children Bensy and Benson and the subsequent false reporting of the demise of Bensy, a child with HIV/AIDS. This aggravates the matter which resulted in the intervention of High Court of Kerala, who directed the PCI to make guidelines regarding the reporting of HIV/AIDS cases. The guidelines are formulated under the aegis of UNAIDS and are for both media print as well as electronic medias. The court also directed the PCI to strictly monitor that journalist should follow these guidelines.

The guidelines were formulated so that the media informs and educates people and not alarms or scares them. Guidelines state that the journalists must ensure that their story is objective, factual and sensitive, more so when they are reporting on HIV or AIDS. While reporting on HIV and AIDS, the journalists should be careful to get scientific and statistical information right. The reports should keep abreast with changing realities of the fast evolving infection and should use appropriate terminology that is non-stigmatising. The reports should keep abreast with changing realities of the fast evolving infection and should use appropriate terminology that is non-stigmatizing. Uphold confidentiality and obtain informed consent. Journalists should not disclose the identity of the person infected with HIV unless they have specific permission to do so. Whenever possible, they should get written consent from the person to be interviewed.

They should also ensure that media photographs do not breach confidentiality or privacy of infected persons and their families. Ensure

that photo captions must accurate and make justice to the photo. All care should be taken not to focus on specific gender and the reporting should be sensible sensitive reporting and avoid reporting of same type of stories. Data should be obtained from a reliable source as unreliable or inaccurate data can increase the chances of adverse impact on the minds of the affected person. A journalist must inform the interviewee that what should be the results or backlashes a person can face after publishing or airing of the interview. If possible a written consent must be taken by the journalist from the person to be interviewed.

Evolution of Media

Although the HIV infection is a serious issue, it is important to treat it deliberately and not to cause unnecessary panic among the public strategies have to be devised by which public is made aware and not alarmed as opposed to regular media programming, but well planned campaign which utilize the full potential of mass media and entertainment. Research has established that mass media are most likely to change behaviour when the information is targeted at specific audiences, comes from a credible source, provides a personally relevant and engaging message.

Effective use of media requires careful planning, audience research, message development, pre testing, dissemination strategy, evaluation, coordination with existing services and linking mass media with interpersonal communication¹³. It is important for the audience to recognize the salience of issue or its usefulness in their lives even if it clashes with their value system. Attitudes consist of direction, intensity and salience. Of the three components Lemert suggest, it would be easier to establish the salience of issue in the minds of the people than other two. If people are convinced that the issues or problems are salient to

them, they may be able to overcome their aversion to them enough to absorb some information about the issue¹⁴.

The government of India has undertaken several programmes for the prevention of HIV and for dissemination information about the epidemic. These programmes have been undertaken at national level and are directly or indirectly assisted by international agencies on such programme, National AIDS Control programme (NACP) was launched by government in 1987. The World Bank assistance for this was \$84 million at that time. The programme functions through its agency the National AIDS Control Organization (NACO). NACO involves multiple AIDS related activities concerned with AIDS control programmes. At the central level NACO is involved in the planning, consulting, implementing, monitoring and assisting various steps undertaken by the AIDS control cells operating from various states and union territories. NACO also aims at essential areas like blood safety, control of sexually transmitted diseases, setting up of surveillance centers for testing of HIV virus of which 62 centers are already operating in the country¹⁵.

Many other agencies conduct exploratory research in the field of AIDS awareness. Voluntary Health Association of India, USAID, universities talk AIDS programme of the National Service Scheme (NSS), Department of Sports, Govt. of India and many other government as well as NGO's conduct independent studies to evolve strategies for increasing awareness about the disease. Today, a special challenge in health care is taking on early comprehensive and concentrated AIDS prevention action before a major epidemic would spread. For this a combination of planned strategy and adequate financial and technical resource is required. Appropriate information through the mass media lighting the adverse effects of AIDS and its impact on the society seems to be the top priority.

The mass media should setup an agenda to fight the AIDS pandemic in coordination with the government, medical professionals and the voluntary agencies. So the media in India have treated AIDS more as news than as a growing menace and scourge threatening human lives and dignity¹⁶.

An exploratory content analysis conducted by the operations Research Group during 1989-90 revealed the inadequacy of print media coverage of AIDS in India. The coverage of prominent urban dailies focused more on clinical diagnostic research on AIDS in western countries, and little on the AIDS problem in India and its social implications. These are very few independent reports on AIDS and the source most of the stories of international agencies. Further, most sites are located in inside pages or in supplements and content wise were superficial in nature. Newspapers are to quote experts reactive rather than proactive. Instead of taking the initiative to write about the disease with the point of educating the public, the mass media tend to only cover the events related to AIDS and very rarely come up with analytical and thought provoking stories.

From sporadic news, AIDS must become a campaign target of our mass media with following Do's and Don'ts:

- Media must inform and educate the people not alarm or scare them. The emphasis must be on the HIV which can be prevented from going into unaffected humans.
- Media must hammer the point that AIDS through sexual transmission or blood infection can be prevented. Minimum precaution of use of condoms in sex and sterilisation of skin piercing instruments and their prompt disposal after use.
- Media must report every case pertaining to AIDS be it positive or negative. There must be constant liaison between the media and

medical profession to report on the latest development and research findings.

- Media must highlight and crusade against such practices as quarantine isolation and ostracism of AIDS patients. Besides being an affront to human dignity, these practices will not minimise AIDS infection are injurious to public health as they give a false sense of security to the people outside the stigmatised group that the threat of infection has been removed and the need of precaution minimised. Also such patients will drive the AIDS problem underground and make the campaign against the scourge more difficult.

Community education, using all the latest expertise of mass educators, behavioural scientist and experts has to play a crucial in spreading the message about prevention of this deadly disease. Opinion makers of the society (Political and religious leaders, movie and personalities etc.) must take leadership in educating the public about AIDS and how to avoid contracting this infection. Innovative and positive use of media will go a long way in making AIDS awareness campaign a success. Bringing about behaviour change or providing a framework of support for existing appropriate behaviours requires effective communication and provision of resources. Mainly the requirements includes: Awareness, motivation, ability, environment. A communication backdrop uses mass media to create 'top of the mind' awareness and help those working at the ground level to legitimise their activities. For example, The Red Ribbon Express has come to symbolize the international struggle around HIV/AIDS, but this meaning has only developed through continental association with HIV/AIDS messages. The Red Ribbon Express thus acts as a trigger or reminder that links to an individual's perceptions and understanding of HIV/AIDS. Mass media can be used to provide backdrop communication to HIV/AIDS

activities on the ground, to reiterate key messages and concepts and to achieve clear objectives. It link people to the resources, it can promote vital messages and breakdown myths. It can promote new information and so on. Mass media can follow the following suggestions for effective AISD prevention messaging.

Media must force the authorities to impose rigorous blood testing norms on prostitutes and professional women and issue periodical warning to the public about areas where incidence of AIDS is high.

Media must help the authorities in eliminating commercial blood collection and ensure pre testing of all the blood donors for HIV and other diseases.

Media must respect the right to privacy of AIDS patients and must not subject them to needless exposure and social stigma.

In all other parts of the world, with very few cultural differences, young people are become sexually active at an even younger age.

The opposition of political and religious leaders to open and objective discussions on AIDS education for young people makes implementation of innovative and potentially effective interventions on AIDS a bit more difficult.

Many young people are not sexually active and they have not acquired behaviours which can put them at risk of HIV infection. It is therefore much easier to teach them positive behaviours now than to try to change the negative ones that are firmly established.

The recent government decision on the inclusion of sex education in schools has met with some opposition from certain members of the public, who believe that sex begins with puberty but its social acceptance is delayed with late marriages. Adolescence is a period of curiosity and this makes the adolescent oscillate between peer and porn to bridge the information gap¹⁷. Young men and women are faced with various

developmental tasks which they must come to terms in order to achieve necessary biological and psychological progress. Adolescence is a crucial time of life not only for health education and health promotion in general but also for HIV prevention and AIDS education specifically

The facets of these development demands have been demonstrated which bear significant relationship to HIV prevention.

- Body: Mastering the physical changes which accompany puberty and learning accept one's own physical appearance.
- Sexuality: Acquiring sexual experience and engaging in intimate relationships.
- Risk Taking: Handling individuals willingness and social pressure to take various health risks.
- Peers: Building up social relations and a circle of friends outside the family becoming more and more independent of parents¹⁸.

A large number of adolescents gather their initial and subsequent experience without condom protector, children and adolescents are regarded as one of the most relevant target groups for prevention and education since short term sexual encounters, changing partners or drug use often seem to be common elements in the development process. A study conducted by Ashok Sahani and Sudha Yirasagar in 1992 amongst school going and slum adolescents of Ghaziabad district proved that HIV/AIDS awareness level were distinctly related to economic background, parental education, and mass media exposure. Factors associated with high level awareness were found to be

School Education + Good Media Exposure + Educated Parents=High Level of Awareness

Factors associated with low level of Awareness

Illiteracy + Limited Exposure to Media + Low Parental education = Low Level of Awareness

A study conducted by the team of APAC-MCRC Chennai in 1994, the teenagers are curious to learn about AIDS, STDs, sex and sexuality but also want their parents to be better educated in these matters in order to facilitate free exchange of ideas and opinions at home. It was learnt that young people who wish to learn about these issues do not know where to turn for information. Media messages go down well with them.

Mass Media Scenario in India

In the developed western countries, the communication revolution had not preceded but followed the industrial revolution¹⁹. Western societies had become advanced industrial and urban societies when the communication revolution happened. This revolution was symbolised by the Radio and Television and other ways of 'Passing ideas, information, attitudes, images from person to person'²⁰.

The need for the better role of communication for nation building was considered even after the independence in India. The Indian National Congress while formulating policies for National development for independent India set up a subcommittee on communication under national Planning committee to offer recommendations for development of communication for independent India. Soon after the independence of the country in 1947, the new Indian government announced a development oriented agenda of governance dedicated to the alleviation of the economic, educational and health condition of the people.

With the target of development communication, the new government adopted the recommendations of the erstwhile National Planning committee as the mainstay of its communication policies. The issue of using modern communication acquired high priority as developmental resource during the Nehru era when the planners explored

the prospect of using radio as a development agent, i.e. for information and enlightening the people in the rural areas and towns on development issue.

IEC as a medium

Though India continues to remain a low HIV prevalence country, it has the second largest number of estimated HIV positive people in the world. A national IEC strategies framework is required to facilitate a crucial and create process that provides the Central IEC division as well as the State AIDS Control Societies (SACS) with basic set of conceptual and operational frames to be quickly got in the new directions and evidence base for effective message design, delivery and impact.

More specifically, the need for a national IEC framework has emerged for following reasons:

1. A more systematic and evidence based IEC is being seen as more effective also accountable. There has been availability and access to data, findings, lessons and experiences that will certainly add much value and sharpness to the response.
2. The messaging appears to be tiring out and failing to grab the needed pointing to the need to not only enhance the basic message of how HIV/AIDS spreads and how it doesn't but also go beyond the basic message for more effective primary and sustainable behaviour change.
3. IEC operational guidelines focused mainly on the IEC mass media products/channels. Many of the emerging issues and priorities did not adequately and timely get reflected in it.
4. There is a strong felt need to set basic standards, uniformity, consistency, gender and PLHA sensitivity, cultural conceptuality as well as creativity in broader issues related to HIV/AIDS though obviously it should be tailored to meet the local conditions and situations²¹.

Information, Education and communication (IEC) has been and continues to be a major part of the current HIV prevention and care activities. The IEC for awareness generation is operationalised at two levels. At the national level, NACO is responsible for policy, advocacy and strategy formulation and the framing of guidelines for IEC activities countrywide. At the state level, the SACS evolve their IEC strategies according to local needs and priorities. Some of the recent media efforts at national and state levels include²²:

Mass Media

- Television(spots, talk shows, serials)
- NACO-Prasar Bharti-BBC WST partnership for software production
- Radio(AIR, FM) Talk shows, phone-ins, spots, sponsored programmes
- Print (Newspaper, magazine, posters, banners, hoardings, Handbills, stickers etc.)
- Cable and satellite
- Tele counseling
- Website (www.naco.ac.in)²³

Interpersonal Media

- Targeted interventions
- Family Health awareness
- Schools(SAEP), College and University(UTA, VTA) based programmes
- VCTC's
- Local Media²⁴

Outdoor Media

- Hoardings
- Wall Paintings
- Kiosk

Folk Media

- Street Play
- Puppet Shows
- Songs, Drama, Dance
- Mela and Festivals²⁵

The World AIDS day, December 1 and the Voluntary Blood Donation Day, October 1, mark two high points of NACO's efforts to create awareness regarding HIV/AIDS. NACO has established a toll free AIDS telephone helpline with the number 1097 at more than 100 cities in the country provides information and counseling on HIV/AIDS and related issues²⁶.

Besides mass media and other IEC activities NACO has also worked on partnership with other ministries and departments NGO's and other stakeholders for advocacy and capacity building for IEC. Other programme components such as blood safety, FHAC, STD, condom promotion, Training from service component have included IEC components in several ways to enhance the reach and coverage²⁷.

Evaluation of IEC

There has been some progress in awareness generation for HIV/AIDS, it is clear that the IEC efforts and initiative have yet to make the desired impact some past assignments, reviews and evaluation (CMS 2003, World Bank 2004, SAEP workshop 2003, Care and support workshop 2003, Parliamentarians Forum Meeting 2003, TI Workshop 2004) have pointed out the good work done and achieved by the IEC efforts, but has also noted the weakness, gaps and problems with the same²⁸.

The observations by the reviews and studies with regard to IEC can be clubbed under three broad categories.

- Awareness about the links of STD and HIV need greater reinforcement.
- The earlier mandate of programmes did not include care and support of PLHA's consequently little in the way of resources or attention was directed to this.
- The communication about availability of STD, PPTCT, ART services needs to be highlighted²⁹.

Focus on Messaging and Standard of Communication

- There is a lack of quality communication materials in general and the materials developed were often too 'medical' in their orientation.
- Mass media campaigns on HIV/AIDS were not adequately complemented by the interpersonal communication and community development.
- The advocacy activities and other events like the World AIDS Day have largely remained reactive and isolated activities.
- There is a need to sharper strategy and respond to the strategic and specific needs of the audiences³⁰.

Management and Capacity Building of IEC

- Capacity for delivering quality IEC material and activities need strengthening.
- There is a lack of coordination of programmes and little coordination across partners and programmes of the various campaigns and messages.
- The monitoring and evaluation system for IEC within the CMIS and outside has not been used in any way for planning or design purposes.

- Negative attitudes towards HIV/AIDS among health care workers were widespread and training and preparations for effective communication of health care workers.
- Activities were concentrated in the same geographic areas, with little expansion and replication of model interventions into other states and department.
- The lack of documentation and institutional memory in the activities and initiative causes wasteful experimentation.
- It is evident that there is an urgent need to look at IEC from a new and fresh perspective to make it more effective and result oriented³¹.

Media as a message carrier

Apart from the activities taken by the media as a tool in promoting and propagating awareness not only for HIV/AIDS, but in the other spheres of the society. It has a much bigger role to play in the formation of society nowadays because media has become part and parcel of the modern day society. It is present in every aspect of our life whether it is personal or professional. Media from the view of different propagators of Mass communication theories like Osgood, Lasswell etc. that media is a carrier of messages through different aspects communications may be it is TV, Radio, Newspapers or the internet. It all becomes the message carrier for all types of media. Anything which goes in the public becomes a message and carrier in disseminating different ideas perceived from that particular message. Media is a vehicle for disseminating any form of information, which can reach to all sections of people including both organized and unorganized sectors and conveys information and molds public opinion. Media can play an important role to promote the positive attitudes towards people living with HIV/AIDS. A message in the media doesn't merely record public and political concerns-it also plays a major

role in shaping public opinion. Considering media as the powerful tool of mass communication of today's world, it was assessed that how much importance it is giving to the issue. Although many people have heard about the HIV and AIDS through media including television, radio or newspaper but most of them still do not know exactly what HIV and AIDS actually mean.

The mass media have however gained popularity because of their ability to reach a vast majority of people within a short time³².

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CHAPTER-4

MEDIA IN ACTION

With ever increasing pace of technology, media is also becoming more and more advance. The need for developing mass media to the changing demands for the future is to be addressed quickly. Nowadays messages communicated through modern means of media reach to the public easily and also understood by them. With the advent of cyber technology, people are thronging towards it. Today's world believes on visuals added with sound i.e. Television, which proved to be the most innovative mass media ever invented. Apart from it Radio, and for the literate population Newspapers contribute greatly to the imparting of messages of public interest. In this chapter I try to give an insight into the activities of the different media and the kind role they are playing for trying to spread awareness about HIV/AIDS.

Television

National television known as Doordarshan in India is the world's largest television network with 23 channels and 1314 transmitters dotting the country¹. Besides Doordarshan there are over 150 multilingual private satellite television channels offering news, general entertainment, movies, music and so on to over 87% of Indian population². Besides Hindi and English telecast covers 15 other Indian languages. TV in India has already been used to offer HIV/AIDS education in the form of serials, quizzes, advertisements and awareness programmes³.

In a survey carried out in India more than 70% of respondents said they had received their information about HIV/AIDS from TV⁴.

To be effective, messaging about HIV/AIDS must be both educational and entertaining. These two goals should be mutually exclusive. A number of programmes have served to inform their audiences about the virus, while at the same time achieving market success. Doordarshan, National AIDS Control Organisation (NACO) and BBC World Service Trust (the international development arm of British

Broadcasting Corporation) joined together in 2002 to launch the country's first ever mass media campaign to increase HIV/AIDS awareness. The campaign has been largely based on education through entertainment with two key strands being the popular interactive detective series *Jasoos Vijay* and the award winning weekly reality youth show 'Haath se Haath Mila'⁵.

Both programmes have proved popular with audiences and *Jasoos Vijay* was voted 'Best Thriller Series' in the prestigious Indian Television Awards, 2003. Viewers are therefore given information about the virus and how to protect themselves while watching an enjoyable programme at the same time. For e.g. , according to an independent survey, 85% of respondents to the campaign said they had learned something new and almost a third said they had discussed messages with the friends⁶.

In Other Countries

Spreading awareness and educating the masses through TV about HIV/AIDS is also playing important role in other parts of the world like in Brazil, the extraordinarily popular 'telenova' or television soap, the TV Globo Company placed an HIV themed serial at the heart of its programmes schedule, 'Malhacao' (working out) dealing with issues facing young people in Brazil⁷. Captured huge audiences when its teenage protagonist learned that she was HIV positive. The move by the Brazilian government to begin distribution of free anti retroviral drugs was also showed in *Malhacao's* storyline. One such programme in Nicaragua is 'Sexto Sentido' (sixth sense), it is hard hitting 'social soap opera' that tackle issues such as sexuality, rape and domestic violence. It is a highly popular show and has a reach to about 80% of the population. It is a good programme to spread awareness among the masses. There are numerous examples of other programmes around the world that have echoed this success. The NHK, the national television network in Japan, aired a serial

called ‘Kamisama Mo Suckoshidake (please god just little more time) that revolved around a schoolgirl who was HIV infected after becoming a sex worker. During the programme’s run, the number of HIV tests and request for counseling became more than doubled in Japan⁸.

In China, its National TV, CCTV and PCI (Population Communication International) and other several partners have brought the soap opera ‘Bai Xing’(ordinary people) to million of viewers. They have been able to follow the struggles of Luye and her family as they tackle many issues, not least of which are the problems by HIV/AIDS. Bai Xing has proved to be a popular and award winning show⁹. Various media organisations including leading entertainment, music and news channels of the country have spreading HIV/AIDS awareness on their agenda.

MTV India

Heroes project is partnering with MTV India to incorporate HIV/AIDS messaging in their programmes as air Heroes Public Service Announcement (PSA’s). The project will also provide informational material and hold special events together to raise awareness among Indian youth. A recent example of this was the Heroes Project stall at MTV India’s biggest flagship award event-MTV IMMIES(Indian Music excellence Awards, 2004), where the team behind the film ‘Phir milenge’, hindi cinema’s first mainstream movie in the subject of HIV/AIDS¹⁰.

NDTV

The NDTV and Heroes Project association focuses on HIV/AIDS related news programming. NDTV’s features and debate shows provide an ideal platform for open discussion on issues surrounding HIV/AIDS. Recently as a part of its association with Heroes Project NDTV ran

HIV/AIDS focused shows on 'You decide The 'X' factor and Dr. NDTV in addition to special stories on the subject¹¹.

SET India

Being a network of entertainment channels, Sony Entertainment (SET) India believes that AIDS education can be entertaining. Sony TV is committed to embedding relevant HIV/AIDS messages into storylines of its most popular programmes, such as the Youth based programme 'Indian Idol', the hospital based 'Ayushman' and detective thriller 'CID'. Working with Heroes Project, these shows have introduced celebrities and elements of drama to influence audiences. Like for e.g. the 'Indian Idol' youth icons will alert other teens about the risks of HIV/AIDS. SET India also committed substantial free airtime for PSA's across its various channels¹².

STAR India

In July, 2004, Heroes Project launched its first public awareness campaign with Star Television Network. Star India has provided the project with approx. Rs.214 million worth of free airtime across its various channels annually over a three year period. Through Star TV HIV/AIDS messages can not only be disseminated to a wide base of audiences close to million people, but also the focused reach of niche channels such as Channel V or Star Movies provides an opportunity to reach specific groups such as youth and housewives¹³.

SUN Network

One of the foremost channels of South India both in news and entertainment industry. The network has committed a sustained mass media campaign that will play a critical role in influencing social attitudes and behaviours towards HIV/AIDS in southern part of India. A strong programming mix by the SUN Network includes prime time

programming, developing a new celebrity based show, an interactive health show and Public Service Announcement (PSA) promotion. SUN has offered to engage their most popular programmes such as 'Metti Oil' and 'Anna Malai' in delivering responsible messages to their audience. They have committed 5-6 episodes of their call-in health show and a women based show, 'Magalir Mattum' to get out appropriate advice¹⁴.

Zee Network

One of the biggest TV networks in India with wide viewership all over the country of over 500 million. With its numerous entertainment and news channels, the network plans to weave in HIV/AIDS awareness messages into its top programmes such as 'Astitva' and musical shows like 'Sa Re Ga Ma Pa' and 'Antakshari'. Zee Networks through its regional channels under the Alpha brand will help in reaching viewers in smaller towns and cities also¹⁵.

The number of private TV channels has increased from none in 1990 to more than 215 in 2010. Entertainment constitutes about 60% of the total programme content, even though some channels such as Star Plus follow CNN's example in delivering 'news on the hour, every hour'. News and education constitute a mere 15% and 9.6% of the programme content¹⁶.

However in a bid to give themselves a halo of social responsibility, some channels broadcast programmes with a veneer of public interest, programmes like soaps that incorporate socially relevant themes such as women's education and empowerment, interactive talk shows on whether smoking should be banned and open forums with government representatives responding to audience queries on human rights abuses or consumer rights¹⁷.

An emerging trend that also reflects the current programme focus of development agencies is the targeting specific segments of the

audience, in particular young adults(children and youth in the age of 10-29 years constitute about 40% of the population). Urban middle to upper class youth especially constitutes a key target group for private channels. This section of the social order is the most responsible as it is considered to be the future prospect of the country. Music channel such as MTV and Channel V, which rank among the top ten favourite channels, features VJ's who are popular role models for a young generation. Cashing in on this trend, UNAIDS, India initiated in 1996, a collaboration with channel V for an on air and on-ground campaigning for HIV/AIDS awareness. The collaboration includes training and sensitisation of VJ's on issues relating to HIV/AIDS. In another effort, The Ford Foundation, India funded a BBC training programme for Radio and TV, producers on reproductive and sexual health¹⁸.

Among the electronic media, TV has played a vital role in achieving current levels of knowledge about AIDS, quantified in our analysis using our novel measures of effectiveness and independent effect. Increasing access to could be anticipated to provide further gains in AIDS awareness among women. However a study married urban women showed how messages obtained from TV are diffused into conversation and discussion with social networks; typically after seeing something about AIDS on TV discussion with husbands was mainly in terms of a social phenomenon rather than personal perceptions of risk¹⁹. Thus necessary dissemination of knowledge does not automatically translate into conversations with the sexual partner about personal risks. Social relations and gender dynamics in rural areas provide additional barriers to any such open discussion. There are even some interpersonal hypothesis of what would have happened without TV which indicates that knowledge levels would have been lower. However, there are some analysis shows that despite watching TV regularly substantial numbers of

rural and urban women had not gained knowledge of AIDS as a result. According to the National Readership Survey, there were 383.6 million TV viewers in 2002, a figure which has increased to some 500 million according to the latest estimates and with every prospect of it becoming the prime medium in rural India. Clearly, TV based information strategies are of considerable importance in this context²⁰.

In addition to the TV programmes ‘Jasoos Vijay’ and ‘Haath se Haath Mila’, nine one minute TV spots were produced via TV stations in New Delhi, Jaipur and Lucknow. These spots were broadcast several times in a day for the duration of the campaign. These TV spots used humour, music and entertaining narratives to convey messages about 1) the myths and misconceptions regarding routes of HIV transmission, 2) the mistaken beliefs about living with HIV/AIDS, 3) methods for preventing HIV infection (for e.g. using condoms), 4) the need for open discussion²¹.

A weekly health programme on Doordarshan has won an award for the best communication strategy on HIV/AIDS. The programme ‘Kalyani’ was selected by the Asian Media Information Communication Centre (AMICC), Singapore as the best communication strategy on HIV/AIDS from India for a project titled ‘HIV/AIDS prevention in Asia: Communicating the message’²². ‘Kalyani’ which means benediction from goddess’ is broadcast in 9 states creating health awareness about malaria, tuberculosis, reproductive health issues, tobacco, alcohol use, sanitation and HIV/AIDS. All the programmes have a common theme but each state produces it independently adding local context and colour. ‘Kalyani’ is produced in partnership with the Ministry of Health and Family Welfare and the NACO.

This is the first time in Indian TV industry’s history that a programme enjoys the same TRP (Television Rating Point) as news

programme aired by Doordarshan's regional stations and rake in rich benefits for the public broadcaster²³.

Keeping in mind both the aspects of educating and entertaining, a TV drama 'Nivedeta' was aired on Doordarshan. It is drama about young woman named Nivedeta²⁴ whose husband is unfaithful to her. It is not the run of the mill soap operas. She meets up with Sushila who displays all the signs of HIV infection. Nivedeta learns that Sushila has contracted it from her husband. She encourages Sushila to go in for testing. At the end of the episode, viewers watch a short segment with celebrities endorsing HIV test, displaying numbers for helplines and offering general precautions. The serial is of 26 episodes and uses the model of 'education as entertainment' to tell a story about the HIV/AIDS. The serial is broadcast locally in Andhra Pradesh via Doordarshan. It was picked from the education oriented soap operas made in South America like 'Simplemente Maria' and one of the first soaps in the country 'Hum Log'²⁵. The programme is the culmination of three years of primary and secondary research and pre testing. To test the programme, the production team developed an audiovisual for others to watch. Various discussions with groups working in HIV/AIDS, gender discrimination and trafficking in Andhra Pradesh resulted in some minor adjustments. With Andhra Pradesh is ranked among the country's HIV prevalence need for educating the masses about AIDS is felt more and that's why whole concept of Nivedeta was conceived.

There has been a remarkable increase in the TV viewing in the past 10 years reflecting rising income levels and improved power distribution. People are watching films. Sports and serials with a very few programmes were shown on factual and educational background on Doordarshan, which dominates all India TV audience.

In a survey conducted by the BBC World Service Trust, it is found out that Doordarshan with its all India reach (excluding metropolitan cities) is very encouraging. This is shown through simplest measure of awareness-having heard of HIV/AIDS. All across India, Doordarshan viewers have significantly higher level of awareness than those who don't watch. Staggering 94% of viewers of Doordarshan have heard of AIDS and 77% know that they can protect themselves from this deadly virus by regular use of condom. The figures for those only viewing other channels are 83% and 63% and for those with no TV access, only 49% is a scary figure, having heard of AIDS and just 30% know the value of condom²⁶.

The enhance the awareness about Parent-to- Child transmission, about PPCT and its activities to trigger behaviour change among targeted segments. Directorate of Audiovisual Publicity (DAVP) designed, developed and executed an advertisement through electronic media. DAVP conducted this campaign on behalf of NACO in three states viz. Maharashtra, Tamil Nadu and Manipur. Mass media campaign around the theme of PPTCT was implemented in March-April, 2006 and consisted five video clips repeatedly shown on TV. A total of 15 TV channels were used to transmit the messages related to AIDS²⁷. A field based study was carried out during the month of February-April, 2006 to assess the impact of the media campaign on PPTCT and to draw lessons for the future. A team of 24 researchers gathered primary data from 2522 respondents in the field. 3 states, 6 districts, 12 blocks, 6 municipalities and 48 villages were covered during the sample survey²⁸.

The field survey was carried out to capture the media consumption habits of the target audience, their awareness levels about HIV/AIDS in general and PPTCT in particular, their attitudes and behaviours related to utilization of PPTCT services was also captured during the survey. A structured questionnaire was designed and developed under the guidance

and approval of NACO. The government media like Doordarshan are unmatched in their reach across all the states. It is been maximum people and therefore, it will be worthwhile to back it as medium. After this SUN TV in Tamil Nadu and Star Vijay in Maharashtra are effective, whereas Gemini TV does not find favour to a great degree. ETV Marathi and Zee Marathi can at best supplement the effect that an advertisement in Doordarshan can create. As far as our target audience is concerned these can not replace Doordarshan for some years because of its wide reach²⁹.

The survey further found that TV is the most effective medium to communicate social messages. The study finding indicates that on all the parameters, it is those respondents who have been exposed to TV advertisement whose awareness knowledge are high.

Radio

One of the basic elements of Radio is its reach, it has far more recipients than any other media. The communication through this medium of media is considered to play an important role in imparting any message. Radio broadcast, both for information and education is fairly old in India. Expansion of radio transmission has been rapid. The radio has immense reach in India and radio listening still remains an important source of information for a large number of listeners particularly in rural India.

The biggest broadcaster in India, All India Radio (AIR) has the biggest listenership and a reach of about 99.14% throughout India³⁰.

All India Radio, Jaipur developed and aired a programme on HIV/AIDS which won the prestigious ABU prize on HIV/AIDS awareness. The programme was named 'Janile janiba' (know and win) in local Rajasthani language. The programme was based on the interviews of 14 HIV positive persons, the objective of the programme was to dispel the fear and stigma attached to HIV. A similar kind of programme (docu.-

drama) is being broadcast in the same title in ALL India Radio, Jaipur for the tribal community of Koraput district of Orissa in their own 'desia' dialect which is sponsored by Orissa State AIDS control Society³¹.

In a bid to mobilize general audience's attention and for the common good of the masses. In its continuous endeavour to contribute to society, Radio City 91.1 FM, it is India's premier Radio network reach out to the listeners far creating awareness on HIV/AIDS. In a bid to enhance AIDS awareness, the national FM brand is conducting a robust of AIDS awareness campaign which includes community mobilization, fund raising and special programme initiatives³².

The special programming line up across 14 of radio City's FM stations includes the airing of specially packaged informative promos and capsules of small duration busting myths on AIDS along on-air contest testing the listener's health awareness specially about AIDS.



The station's Radio Jockey (RJ) will cover ribbon tagging activities, awareness building camps across their respective cities through live broadcast. The stations will feature a slew of on-show guests starting

right from those living with AIDS, medical experts, state dignitaries and prominent personalities. Starting on the initiative, National Head, Marketing of Radio City Rana Barua, said 'As a condition looming large on humanity every step towards HIV/AIDS awareness counts. We at the Radio City have always been at the forefront to proactively involve our listeners and jointly contribute to the community we live in. It is very important that people realize that HIV/AIDS awareness can not only help prevent this deadly virus but timely identification can also help expedite the curative process. Radio City through its captivities is trying to create general interest through various community mobilizations and having contributed to the cause of AIDS awareness.

Lucknow's Radio City 91.1 FM is conducting a week long campaign called 'AIDS se Jung-Celebrate Life'. This programme is supported by UP AIDS control Society and HIV Global Fund Project of population foundation of joined hand with Radio City.

Vadodra's Radio City has organised a 'walk for cause' rally. The rally is aimed at creating awareness in the public. The rally was whole heartedly supported by the local administration.

Ahmedabad's radio City is reaching out to enhance AIDS awareness through a ribbon tagging activity. Their RJ's spend the day interacting with student from different colleges and presented then red ribbons. In its continued efforts to contribute to the society, Radio City is partnering with Gujarat AIDS Control Society to support the Red Ribbon Express, a train with a mission to create awareness about this deadly disease. It has extended its support to this holistic and comprehensive campaign in the nations on going fight against AIDS. Radio City has conceptualised a programme- Radio City cares zindagi zindabad, an awareness campaign offering all encompassing and sustained support to the Red Ribbon Express.

Two Radio spots were conceptualised, designed and developed by NACO/DAVP and were broadcast on All India Radio's national and various regional stations, Vividh Bharati and 8 stations of private FM channels of the three target states. The FM chosen are Radio City (Mumbai & Bengaluru), Radio Mirchi (Mumbai & Chennai), Suryan FM and Red FM³³.

Radio Mirchi in association with Heroes Project, the largest non-governmental public service campaign in India and the Satyam Foundation, the corporate social responsibility arm of Satyam Computer services Ltd. Launched a one of a kind month long initiative called 'HIV pathi therinjikko-AIDS pathi purinjikko'. Spearheaded by Heroes project, the campaign was conceived to dispel myths and misconceptions that prevail in the minds of people 20 years into the epidemic. The purpose of this unique initiative is to address some of the issues directly and provide right answers to questions. This campaign witnesses the coming together of the corporate and NGO's on the same side on entertaining through radio³⁴.

Using a powerful mass media like Radio will be challenging task. The messages will be disseminated throughout the day addressing issues from care and support to stigma and discrimination. Programmes like quiz initiated in a unique way, a celebrity ask questions about HIV/AIDS dispelling myths and misconception. Later the winners were awarded with T-shirts autographed by the celebrity.

The SUN Networks Suryan FM, one of the most popular Radio channels in South India also taking up activities to for creating awareness about HIV/AIDS. The Radio channel has committed mass media campaign that will play a critical role in influencing social attitudes and behaviours towards HIV/AIDS in South India. A strong programming mix by the Suryan FM includes prime time programming, celebrity based

show on the interactive health show and PSA promotion. Special instructions were handed over to RJ's for personal intervention in making their programmes more creative, effective and appealing to the masses for dispersing HIV/AIDS awareness³⁵.

The number of radio stations has increased from about 100 in 1990 to 231 radio stations of All India Radio and 555 FM stations in 2011. The area covered rises from 84% to 98%. However tremendous reach and the fact that it presents the best option for low cost programming, radio has been treated as a poor relative for over two decades³⁶. Listenership has either dropped or reached the zenith. In some cases listenership has risen, although very negligibly, in some urban areas.

Some efforts have been made to use radio for social change as in the case of the state sponsored radio rural forums for agricultural communication in the 1960's or to promote adult literacy in the 1980's³⁷. In recent times NGO's have helped broadcast programmes on women and legal rights, emergency contraception and teleserials advocating girl's education. The increasing devolution of political power initiated through the 73rd and 74th amendment to the constitution in 1988-89 has also set a climate conducive for the empowerment of community Radio and the provision of training to NGO's and communities to use them as a medium for articulating their concerns³⁸.

A key need in India is for local broadcasting that reflects issues of concern to the community. In this regard, some communication experts believe that an increased and accelerated commercialisation of radio will eventually drive down the cost of FM sets, thus facilitating local radio which as a result helps in dissemination of messages at the local level. Creating awareness through local radio stations will benefit in terms of understanding as the messages will be in local dialect/language. The messages will also be according to the local customs and social milieu.

Newspapers

Newspapers are considered to be an important media as it reaches out to educated and learned readers. It is the best media to present a message through a picture or a story. Newspapers evolve from news giving to message carrier in recent times. Different approaches were adopted by the newspapers to tackle the issue of HIV/AIDS.

Two print advertisements were conceptualized, designed and developed by NACO/DAVP and were published in 160 newspapers all over India. The details of newspapers advertisement are as follows:

1. Good news(showing couple)
2. Good news(with two girls)

In line with the current set of priorities of NACO, this communication campaign is aimed at awareness generation as well as behaviour change the (pregnant) women and their family members³⁹.

Given that national literacy rates were as low as 56% the limited reach of newspapers and magazines and the distinctively urban educated readership profile. The role of print media has been defined more in terms of information, dissemination and advocacy. The situation is very disturbing, the circulation figures are rapidly increasing as the advertising revenues but this is especially true of English publications, which accounts for 71% of the total ad revenue of members of Indian Newspaper Society⁴⁰.

A key feature of these publications unfortunately is the increasing prevalence of glossy, as friendly and TV based reporting. That the sole trendsetter in this increasing corporatisation of the fourth estate, the Times of India also ranks among 10th top selling newspapers of the world. Given the increasing cost of newsprint and production, the pressure of the market imperatives, newspaper houses have followed the trend of carrying ad friendly pages at the cost of development and health

reporting. Leading dailies have over the last few years dropped their sections devoted to development and health. The low literacy rates and high production cost have also obstructed the possibilities of smaller publications that could potentially reflect the concerns of the development sector⁴¹.

Contributions at Large

Dainik Jagran

To equip its readers with accurate information on HIV/AIDS, Dainik Jagran has committed periodic editorials and advertising space inventory of 4000sq.cm. The daily wants to increase the in-depth coverage of HIV/AIDS that goes beyond stating bare facts but provoking questions about 'why' associated with the disease. Besides reaching out through 25 editions in 8 states, the group plans on the ground events under its forum called 'Jagran Pahal' collaborating with Heroes Project. this forum will feature AIDS awareness camps, voluntary checkups etc. at rural centers, in regions where AIDS is on the rise. Apart from this they publish ads and stories which can create an understanding how can we protect our self from this disease⁴².

The Hindustan Times

The newspaper plans to disseminate in-depth information on HIV/AIDS through a sustained media campaign, Besides regular news reports, the media campaign include an interactive weekly column to encourage people to write their queries and concerns about HIV/AIDS. Issues such as safe sex practices, voluntary testing and discrimination against the people living with HIV/AIDS will be discussed in the weekly column. Hindustan Times has announced that it will make AIDS awareness a part of their massive school programme by encouraging the 1200 participating schools which they selected to make safe sex and AIDS awareness a part of their social awareness programmes. It plans to

send out messages encouraging women empowerment across Bihar, a state in which Hindustan, its Hindi publication which is a number one Hindi daily with 80% of the market. The high rate of readership is due to the dominance of Hindi speaking population across the state. In collaboration with the Heroes Project, Hindustan Times has offered to produce an education booklet for women in Bihar and Uttar Pradesh, a segment which has the lowest levels of education and access to information of AIDS⁴³.

The Hindu

A pioneer in AIDS journalism, The Hindu group is committed to filling gaps in reporting and analysing the problems of HIV/AIDS in India. They propose to incorporate content on HIV/AIDS in their Newspaper In Education (NIE) programme for schools and cross promote this programme in The Hindu's special feature section 'young world'. With a focus on women empowerment messages, the group seeks to leverage its various editions and content development power to develop high quality educational resources such as booklets on HIV/AIDS. In addition, The Hindu plans to lend its AIDS journalism expertise for developing regional journalistic capability and in agenda building⁴⁴.

An Effort

Apart from media houses, which publish newspapers there are some efforts which are working behind the curtain job to create a breed of journalist specialising in providing a greater understanding on HIV/AIDS awareness. The 'Voice of U.P' training initiative is part of a series of activities in a comprehensive training package on health and HIV reporting for journalists from Uttar Pradesh. Supported by the Kaiser Family Foundation, the training has been implemented by interviews network with the support of Washington DC based staff. The overall aim of the series is to equip the local media to raise the profile of HIV/AIDS

and health in U.P in a way that create awareness, help set the social and political agenda and ultimately spur an effective response to public health challenges such as HIV. The Voice of U.P initiative reached 34 reporters with HIV related information and focused on a core group of the six most interested in continuing to report on the topic. More than 50 stories appeared on the issues covered in the training; HIV surveillance, HIV counseling, ethical and legal issues regarding HIV/AIDS, the TB/HIV co epidemic, access to treatment, preventing mother to child transmission and the works of networks of people living with HIV(PLHIV) in prevention and care.

The journalist from the print media also uPost Graduated their knowledge and reporting skills on human behaviour, human trafficking, migration and HIV, the links between the gender, reproductive health and HIV in India and upcoming National AIDS programme Phase-3.

Building the commitment of media, owners had to give more quality coverage to HIV/AIDS issues at the Media Summit hosted by Dr. Manmohan Singh. Voice of U.P equipped urban and rural reporters from the state with practical tools to produce sensitive, balanced and accurate reportage on the epidemic⁴⁵.

According to the National Readership Survey (NRS). 2006 “Over the last three years, the number of dailies and magazines had risen and its readership grown to 222 million. Vernacular dailies readership has gone up to 203.6 million while English dailies have at around 210 million. The reach of magazines was 68 million in 2006. Mishra and Agarwal(2007) reported that newspapers are publishing HIV/AIDS issues and articles in regular intervals but they are required to contribute more considering the impact of the killer disease”⁴⁶.

Showing the importance of the print media in AIDS awareness a study was conducted in Gujarat, there were 15 major newspapers in seven

each in English and Gujarati and one in Hindi for analysis for a period from January 2001 to September 2007⁴⁷. In this period of time 528 articles were gathered and 210 were analysed. 80 of the 210 articles covered issues of people living with HIV. While professional journalist were authors in 93% of such articles. It was observed that after the studies of some articles are playing a negative role and they are creating confusions in the minds of the readers⁴⁸. Newspapers and magazines sometimes publish articles and stories which can produce negative impact on their understanding towards the disease. Print media sometimes gives inappropriate, poor quality and not very often inaccurate coverage to AIDS. It needs to be sensitized to take up the advocacy of AIDS issues.

Internet

The most advanced development in the field of communications is the origination of internet, a web based platform where all the knowledge and information came at one place. The computer is the ultimate junction meeting point of communications. The use of internet for communicating health messages is to create awareness for better of the general populace. Widespread use of internet has made a remarkable change in health information and educating patients and non-patients for chronic illness.

Along with nearly every facet of contemporary life, access to health information has been and continues to be revolutionized by advances in communication technology i.e. information disseminated through internet.

The internet is a powerful medium through which we can communicate, disseminate and gain valuable information regarding any given topic. The internet can play a role in improving health because it provides individuals with opportunities to select information that is most relevant to their needs.

There is a rapid increase of interactive and user friendly internet sites (websites) dedicated to HIV/ AIDS. Increased access to health information can educate patients about the prevailing situation of the disease, motivate public to participate in care and creating awareness, evaluate treatment options, foster social support and building effective ways to how cope with the disease.

Health related activities performed online includes searching for illness, fitness information, learning about medications and their interactions and seeking from online medical support groups. The trend towards patients access to and use of the internet as a source of health information is growing with the increase in computer users in urban areas.

The condition in India for internet users is increasingly day by day with more people acquiring compute knowledge. The computer literate population in India is making good use of health related information on the internet. The internet content is becoming more understandable according to the need of the user.

One of the predominant factors that is helping internet users to access more and more information and being educated and consciousness about the disease conditions. The hectic and fast life of the urban metropolitan population doesn't give much time to read newspapers or watch TV. But internet with its vast used in the offices can be an effective medium and way of imparting informative messages. Some website even sends mail to randomized selected user to give health related information. The condition of HIV/AIDS is becoming grievous in the near future. Therefore the use of internet on the greater scale is much needed.

The Indians are becoming internet savvy. A survey by Internet and Mobile Association of India published in The Times of India(2005) reports that 'internet penetration has been facilitate by low rates for

broadband connection and introduction of affordable PC's which enables the common man to overcome the first obstacle of accessing the Net'. The researches world over show that internet has immense potential and is one of the best medium to spread HIV/AIDS information.

There are examples which are helping the cause of spreading awareness through online media. Together with 'Saadhan (the helpline of Mumbai based NGO, population services), Fropper.com has initiated an online campaign to spread awareness about HIV/AIDS, safe sex and sexually transmitted infections amongst the youth of the country. The focus is on getting the youth come forward and express views on HIV/AIDS as well as clearing common myths and misconceptions about the disease. There were provisions of using the helpline and chat shows, wherein experts from 'Saadhan' will chat with members of Fropper.com and provide free counseling on HIV/AIDS⁴⁹.

The internet can be used in various ways to spread HIV/AIDS awareness like photo sharing, video content and experiences. One such initiative was YouTube. Founded in 2005, YouTube has emerged as the world's most popular online video community allowing millions of people to watch and share original videos. YouTube allows people to easily upload and share video clips on www.youtube.com and across the internet through other websites, mobile devices, blogs and emails. In an effort to embrace non-profit organizations to maximize their outreach through websites, the YouTube Non-profit organization helps organizations connect with their supporters, volunteers and donors without the expensive outreach campaigns.

Many organizations are actively using YouTube for outreach⁵⁰.

The UNICEF has among the most active and vibrant channels working on HIV/AIDS. It has posted numerous video stories, coverage of conferences and awareness videos on the issue. A search of UNICEF

reveals the presence of channels which contain localized content from different countries for their focus areas. The UNICEF India Channel showcases the HIV/AIDS anti-stigma Public Service Announcement created in collaboration with UNAIDS and the International Cricket Council (ICC). UNAIDS is also present on the YouTube with their channel with a few short films for awareness generation which include a music video dedicated to a woman's fight against the stigma and discrimination and ignorance toward people living with HIV/AIDS⁵¹.

'No HIV, No AIDS-Stop the disease' is a channel dedicated to increase people's awareness about HIV/AIDS, particularly information about the early symptoms of HIV infection, signs and transmission, HIV/AIDS virus testing, cure, medication, treatment, services and clinics.

Apart from these popular services on AIDS awareness there are other websites which give you an updated information in the form of news on the internet. There are several websites such as www.aidsawareness.com, www.avert.org,

OTHER MEDIA

Folk Forms

Folk forms which have been traditionally used in India as a means of spreading information are diverse in nature and comprises different forms of drama, dance, song, mime, puppetry, and storytelling. These are some of the mediums which are being used not for their artistic content but for their effectiveness as a potential tool to disseminate communication messages. These forms of media are basically an art which is present in remote areas. This is not only done by folk people but by those who tend to impart messages for communication to spread awareness on the given subject.

These folk forms of media are basically considered as traditional forms of media. The traditional media constitute the basic level of

disseminating messages as it uses the language of the common masses who inhabit that area. For finding the effectiveness of traditional form of media, Firstly we should know what is traditional and folk media.



As for categorization, traditional folk forms of communication in India can be divided into:

- Folk Theatre
- Street Play or Nukkad Natak
- Puppet Shows
- Fairs and Exhibitions

Folk Theatre: In comparison to the west, Indian folk theatre did not fragment into opera, ballet and drama based on dialogue but focus on composite forms consisting dancing, verse and prose dialogue. Imparting and disseminating messages through folk theatre is very useful in areas where local cultural values are higher than modern methods of communication.

Folk theatre has a strong base in parts where local dialects were the only way of communication. Although there was little information about HIV/AIDS in areas where even medical facilities are not available, there these forms of communication are the only alternative way of spreading awareness. How can a piece of information reach in far flung areas of North East where no form of official media is present like the T.V or Radio. The tribal or local community are being engaged and trained to impart awareness education through their own set of folk media.

Street Play or Nukkad Natak: This is the easiest way of communication as it doesn't require much of the efforts like costumes or stage. It can be done at any place like on the streets, open grounds, Railway stations, Bus stands etc. The characters are visibly seen in uniform clothes and most of the times do not require even the props. Different NGO's have formed their own groups which performed street plays to create awareness. Naz Foundation groups started their Nukkad Natak campaign in Lucknow to educate people about HIV/AIDS and their impact on the health. They performed Nukkad Natak at roadside, Railway stations and other public places. Some State AIDS Control Societies have roped in different theatre groups who performed street plays on AIDS awareness.

Theatre always plays a meaningful role on social awakening and reformation. It is the best medium to reach greater part of the population and sensitize them towards a problem like HIV/AIDS especially in areas where level of literacy is very low. If we look back into history we realise that whenever society faced a crisis it was theatre that become the agent of awakening and action. Social theatre is a medium to address like HIV/AIDS that people are worried about cannot express their view publicly. Street plays and Nukkad Natak addresses the issue directly and also motivates the process of problem solving among the masses.

A Sanskriti Sewa Sansthan, a theatre group performs plays on various social themes and problems in different cities in Uttar Pradesh. They sensitize people about HIV/AIDS through gripping narratives in the form of street play. They performed theatre on AIDS and also on Polio awareness, drug addiction, government schemes and youth based programmers but their main emphasis is on AIDS. Eminent theatre persons and Bhartendu Natya Akademi in U.P have started working on scripting a play on this theme. Nukkad Natak is an important step in the right direction because theatre goes beyond words and builds new dimensions that connect with people directly. The plays are designed in such a way that focus on the lives of HIV positive and the strength they have shown in overcoming the problems and stigma they are facing.

Andaman and Nicobar AIDS Control Society (ANACS) are conducting outdoor campaign on HIV/AIDS awareness for the masses. They started their Nukkad Natak campaign in South Andaman districts on the occasion of National Youth Day on January 12. The campaign has been planned at promotional places in the district to create awareness on HIV/AIDS, clear the myths and misconceptions surrounding HIV/AIDS and stop prejudice. The basic aim of these plays is to encourage the general population to learn from positive people on how to bring more meaning into their own lives despite all the challenges⁵².

Puppetry

It is also very effective medium of disseminating messages, imparting education, sensitizing common masses on social themes. Puppetry has a long has a long history in India as well as in the other parts of the world. Puppetry is considered to be very popular particularly in rural areas where literacy levels are low. It can be understood very quickly as it does not involve complex messages. The cost of producing the show is very low and puppets can be used time and again.

These days puppetry is playing a vital role in educating the masses about HIV/AIDS awareness. Lack of quality awareness, lack of education, difficulty in medication and widespread information about this virus. With keeping in mind all these aspect puppetry is helping in great way by creating awareness about HIV/AIDS.

Salam Balak Trust I association with Ishara puppet theatre, one of the famous puppet groups in the country created the first of its kind AIDS awareness campaign through puppetry in NCR, Delhi.

‘Chaunauti-The Challenge’, the first production has been developed on HIV/AIDS prevention. The theme is based on the modes of HIV transmission where all 4 major modes have been depicted with strong messages including condom use, use of disposable syringes, safe blood transfusion and doctor’s care. The play ends with the message; AIDS is not only Acquired Immune Deficiency Syndrome but stand as Awareness Is Definitely Safe. Another play ‘Nazrien Kholo’ is based on stigma and discrimination faced by the people due to their HIV status. Rahale’s Little Theatre, a theatre group in West Bengal made 60 minute puppet show named ‘sabchey baro atmatyag’(Biggest Self Sacrifice). It depicted the message through the story of a couple, Laila and Gopal. Juxtaposing puppets and imageries from nature along with real informers. Puppetry as a traditional form of media not only provides knowledge regarding HIV/AIDS to the masses but act as a catalyst for public health campaign⁵³.

Fair and Exhibition

Another form of media is fairs and exhibitions. These are the most effective way of showcasing messages at one place. The government of India and state governments organised different fairs and exhibitions in order to educate the masses. Different stalls and pavilions were made on

specific programme to sensitize the general masses. Translites, hoardings, posters were put up, public announcement were made and printed material like pamphlet, brochures, leaflets were given free of cost to the visitors.

National AIDS Control Organisation participates in the fairs and melas and display publicity material for creating awareness about HIV/AIDS. The government has started public health campaign in which fairs and exhibition were organised in different parts of India from time to time. The agenda of creating HIV/AIDS awareness was also included in National Rural Health Mission apart from the government of India has also started Public Information Campaign (PIC) that illustrate different issues pertaining to health and awareness.

A regular feature at India International Trade Fair, an annual event organised by India Trade Promotion Organisation (ITPO). A health pavilion was put up by Ministry of Health and Family Welfare in which different sections are being made regarding health and prevention. Separate stalls by National AIDS Control Organisation (NACO), Hindustan Latex Limited, whose main aim is to create HIV/AIDS awareness. Literature was distributed and condom vending machines were put up to make people aware and build up confidence among the masses so that they can come forward and face this deadly virus.

Social Media

One of the recent advances in the field of media is the social media. It is the type of media that users can easily participate in share and create content for including blogs, social networks, wikis, forums and virtual worlds. Social Networking, which is a kind of social media, is an online service that enables its users to create virtual networks with

likeminded people akin to social networks in real life. It often offers the facilities such as chat, instant messaging, photo sharing, updates, etc. Currently, social networking sites are the most prominent version of social media. Facebook with 600 million users is one of the most well known social networking sites. These may be very useful in spreading awareness about HIV/AIDS. This may not be very helpful in the present times due to its limited number of users although there are millions of users who use social networking sites on daily basis. They may not contribute to the social cause as most of the users use it for entertaining purpose. But there some organizations and institutions who are working for HIV/AIDS awareness by using these types of media very effectively.

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Chapter-5

Survey

Survey Findings

The aim behind this survey was to find out the mass media access and reach status and the AIDS awareness level of students from two different groups.

The analysis of data has been structured in 4 different sections for clear and thorough discussion.

The sections are:

1. Demographic Profile
2. Mass Media Profile
3. AIDS Awareness profile
4. Knowledge about AIDS

1. Demographic Profile

The respondents came from six different faculties of Aligarh Muslim University. Both males and females were administered the questionnaires. The total population of students of select target group is 650. Males were more in number as compared to the females but since all the departments have both male and female, the difference is not intentional (Males 330, Females 320). It is interesting to note that although males outnumber the females in the overall population but in the research scholar population the females are more in number. The females lose out on strength in the P.G population. (Table. I & Refer Figure 1.1)

	Post Graduate	Research Scholar	Total
Male	230	100	330
Female	210	110	320
Total	440	210	650

Table. I

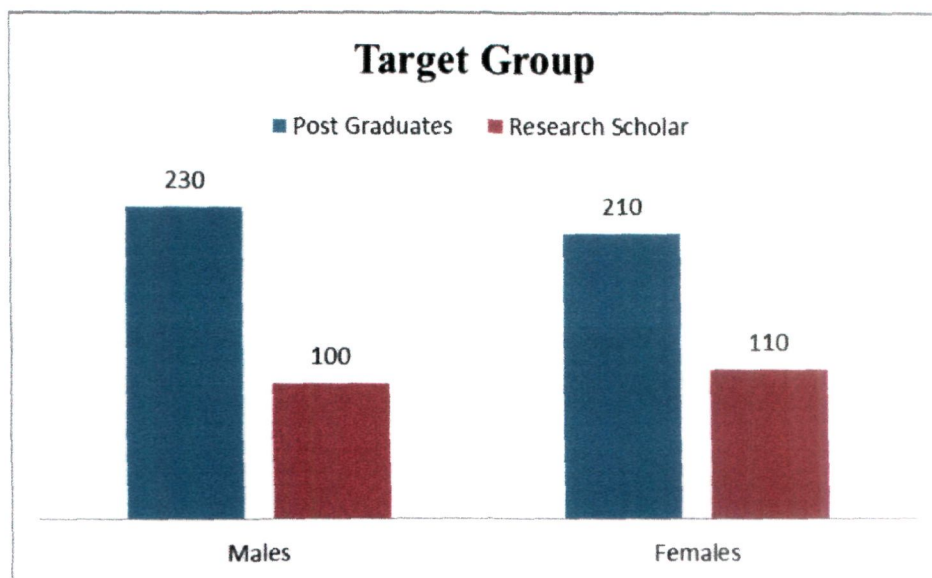


Figure-1.1

Students from Post Graduation and Research Scholar are chosen for the study because the age group of these students was the appropriate target group suitable for this study. The age of the students ranged from 21 to 30 years. However the biggest group was the 24-27 years old (Refer Table No. II & Figure 1.2). This division is also not intentional. The average age in the first age group i.e. 21-24 is 22.5, second group (24-27) which is the largest has an average age of 25.5 and the third (27-30) and the last group has an average age of 28.5. The population percentage of the first group is 31%, the second has the highest with 58.4% and the third group has 10.6%.

Age	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
21-24	179	23	0	0	202
24-27	49	185	62	83	379
27-30	2	2	38	27	69
Total	230	210	100	110	650

Table. II

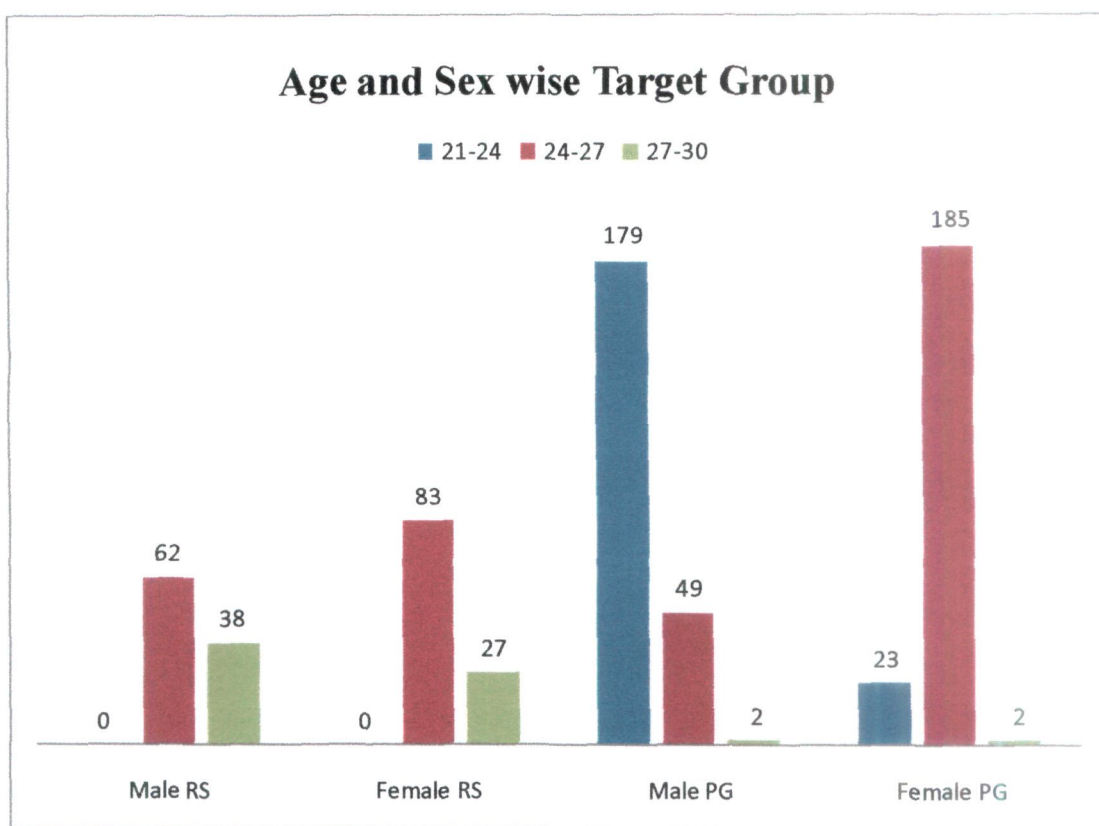


Figure-1.2

With regard to the respondent's demographic profile in case of the profession of father it is seen that 30% are self-employed, 34% are government employees and 36% are professionals in both the groups (Refer Table No III & Figure1.3). Likewise in case of the profession of the mother it is analysed that 7% are self employed, 7% are government employees and 12% are professionals whereas the largest group of 74% is that of housewives for both male and female respondents (Refer Table No. IV & Figure1.4). It shows that large number students came from a background where their father is working and mothers are housewives.

Profession	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Self Employed	69	70	29	27	195
Govt.Employee	71	75	33	42	221
Professionals	90	65	38	41	234
Total	230	210	100	110	650

Table. III

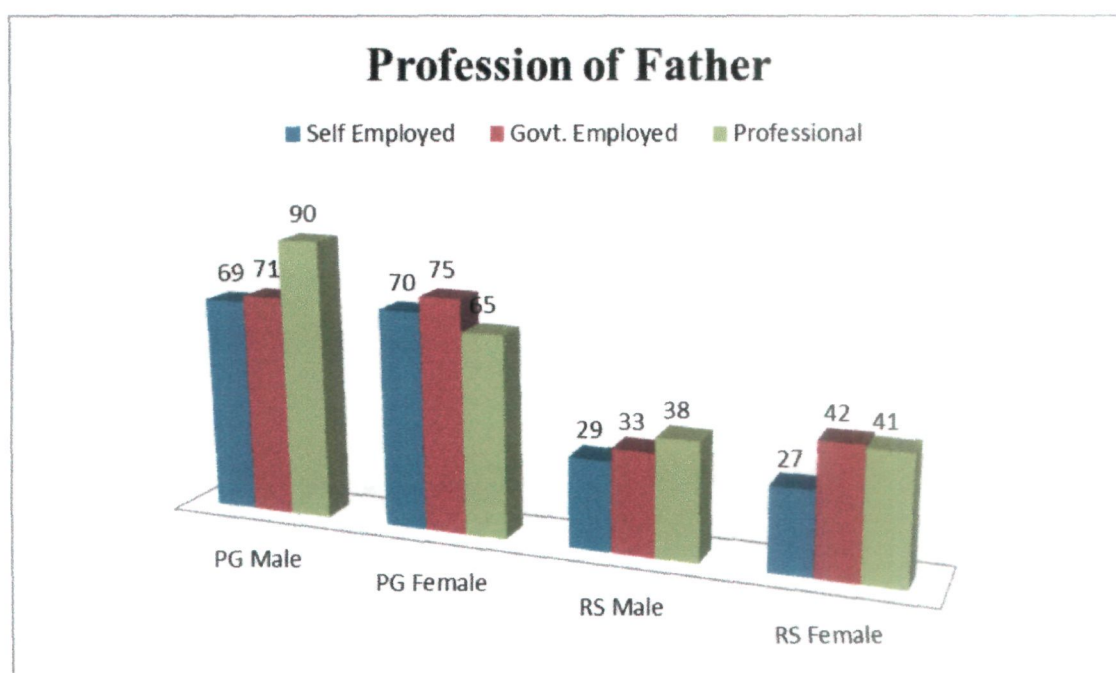


Figure-1.3

Profession	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Self Employed	21	4	6	12	43
Govt.Employee	16	14	12	5	47
Professionals	28	29	13	7	77
Housewives	165	163	86	86	483
Total	230	210	100	110	650

Table. IV

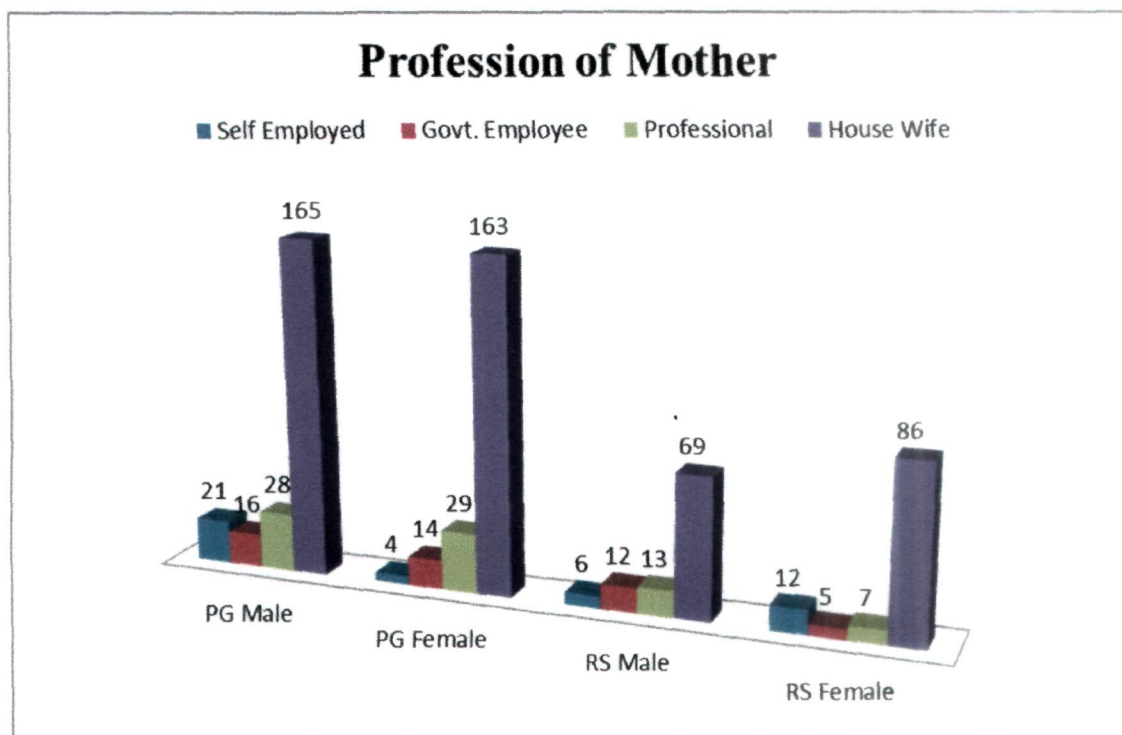


Figure -1.4

When it comes to the marital status of the respondent population, it is find that out of the two groups only 3.5% are married as compared to unmarried which is 96.5% for both the groups (Refer Table No.V & Figure1.5).

	Post Graduate	Research Scholar	Total
Married	1	22	23
Unmarried	439	188	627

Table. V

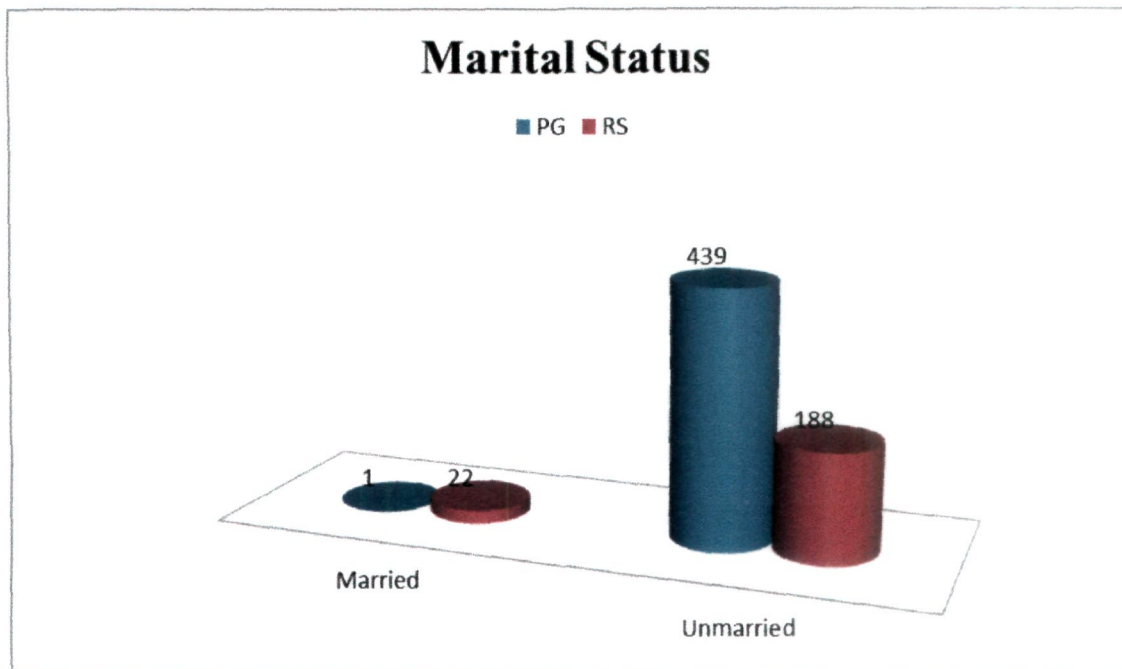


Figure -1.5

2. Mass Media Profile

In order to find the probable source of information as to when the respondents first heard about HIV/AIDS, it is divided into three main sources namely; from friend, school and media (TV, Radio, Newspapers & others).

After analysing the result we find that in case male students of Post Graduate and Research Scholar, 16.3% of them got their first share of information from friends, 50.9% from the school and 32.7% from media.

When we analyse the results for female students of Post Graduation and Research Scholars, 5.3% responded in favour of friends, 34.6% from school and 60% from media (Refer Table No.VI & Figure 2.1).

After comparing the data we find that school and media like T.V, Radio, and Newspapers etc. plays a vital role in spreading awareness regarding HIV/AIDS amongst the students. It can be postulated from the above analysis that male students of Post Graduate and Research Scholars received their initial information about HIV/AIDS from their schools whereas the female students of Post Graduate and Research Scholar first heard about the HIV/AIDS from different forms of media.

Source	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Friend	37	7	17	10	71
School	118	66	50	45	279
Media	75	137	33	55	300
Total	230	210	100	110	650

Table. VI

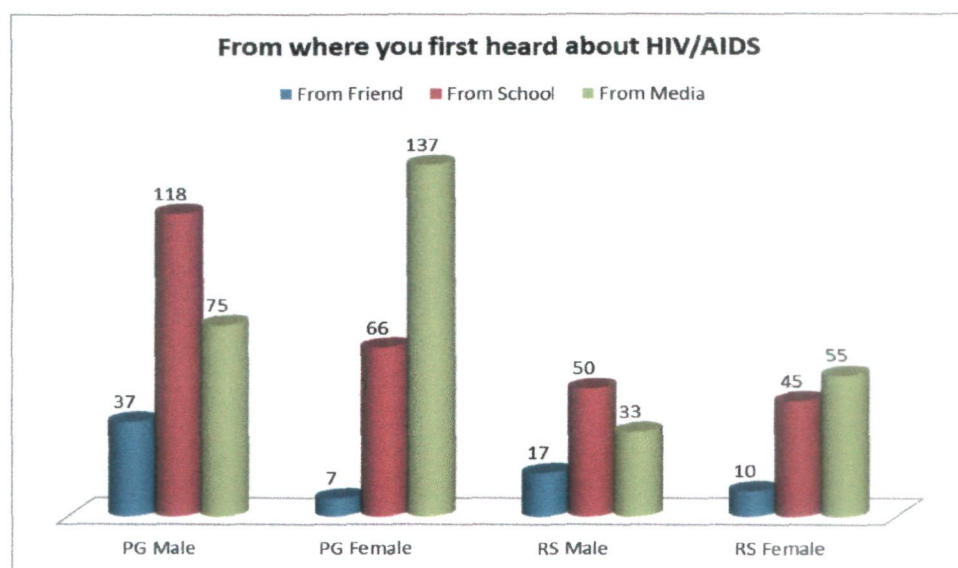


Figure -2.1

As we discussed earlier our target is divided into two groups i.e. Post Graduate and Research Scholars which is further divided into male and female students. In this question the respondents have multiple choices to tick

When we try to find out which media gave them the best knowledge about HIV/AIDS we find that 65.2% male Post Graduate students get their best knowledge about HIV/AIDS from TV, 77.3% from Radio, 51.7% from newspaper and magazines, 10.4% from Internet, 6% from traditional media, 49.1% from banners and Hoardings, 13% from public service announcements (Refer Table No.VII & Figure2.2).

Similarly we find that in male Research Scholars, 70% derived TV as their best form of media to understand or know about HIV/AIDS, 85% from Radio, 65% from newspapers and magazines, 25% from internet, 6% traditional, 51% from banner and hoardings and 20% from public service announcements (Refer Table No.VII & Figure2.2).

If we talk about female Post Graduate students than we find 67.6% got their knowledge from TV, 70.4% from Radio, 59.5% from newspaper and magazines, 15.2% from Internet, 8% from traditional media, 45.7% from banners and Hoardings, 14.2% from public service announcements (Refer Table No.VII & Figure2.2).

Similarly we find that in female Research Scholars, 75.4% derived TV as their best form of media to understand or know about HIV/AIDS, 85.4% from Radio, 51.8% from newspapers and magazines, 23.6% from internet, 3.6 % traditional, 46.3% from banner and hoardings and 9% from public service announcements (Refer Table No.VII & Figure2.2).

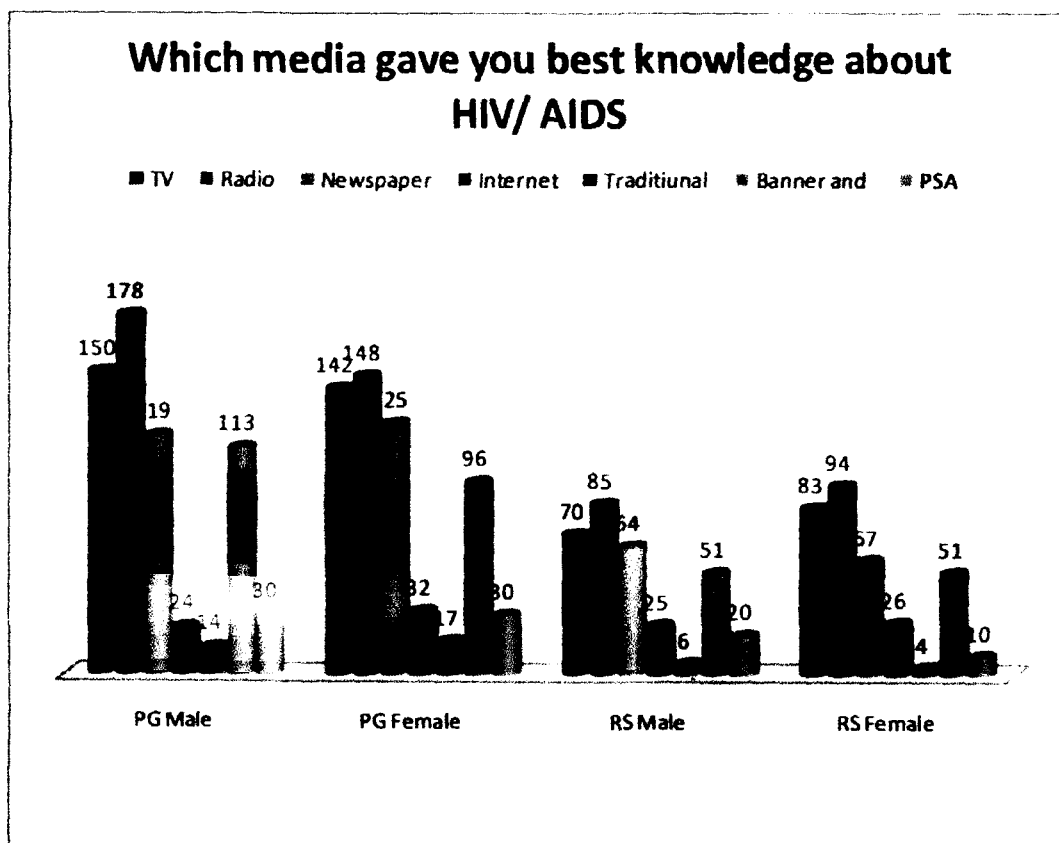
After analysing the data we find that TV, Radio, Newspapers and Banner & Hoardings are best mediums for providing best knowledge of HIV/AIDS. From the statistical point of view we find that calculated value of chi sq. (X^2) for TV is 2.8, 10.2 for Radio, 0.27 for Newspapers&

Magazines and 0.06 for Banner & Hoardings, the highest value of chi sq. (X^2) is 10.2 for Radio which is greater than the tabulated value which is 5.99 at 2df (degree of freedom) and at 5% level of significance. Therefore we can say that Radio is the best media considered by the respondents for getting useful information regarding HIV/AIDS.

From the above statistical analysis, the researcher finds that there is much higher percentage of respondents who derive their awareness information about HIV/AIDS from radio and TV. Radio comes at the top with overall percentage of 77.6% in both groups. With the expansion of FM radio channels all over the country, there is a tremendous increase in the listenership of radio. The above percentage shows greater involvement of messages through radio because of its vast reach. TV comes as the second most popular choice for the respondents and 68.4% makes it as the other desired option. Respondents also show their response for banner & hoardings. With its quick visibility, banner & hoardings gives firsthand information on messages related to awareness on HIV/AIDS. There is a sizeable percentage of respondents who read newspapers and magazines. Being an academic institution with well maintained libraries, less number of respondents shows that their share of information pertaining to HIV/AIDS comes from newspapers and magazines.

Source	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
TV	150	142	70	83	445
Radio	178	148	85	94	505
Newspapers & Magazines	119	125	64	57	365
Internet	24	32	25	26	107
Traditional Media	14	17	6	4	41
Banner & Hoardings	113	96	51	51	311
PSA	30	30	20	10	90
Total	628	590	321	325	1864

Table. VII



* PSA-Public Service Announcement

Figure -2.2

3. AIDS Awareness profile

In this section of the statistical analysis we primarily deal with kind of awareness level that the respondents have knowledge about how HIV/AIDS can be spread from one person to the other and the questions were asked in the manner of Yes, No and Don't Know

We asked the respondents that by eating or drinking from the same plates and cups can spread the disease from one to the other.

Among male Post Graduate 0.9% responded in the affirmative, 98.2% in the negative and 0.9% as did not know (Refer Table No. VIII & Figure 3.1).

Among female Post Graduate students, 2.3% in the affirmative, 93.8% in the negative and 3.8% as did not know (Refer Table No. VIII & Figure 3.1).

Among male Research Scholars, 4% in the affirmative, 95% in the negative and only 1% as did not know (Refer Table No. VIII & Figure 3.1).

Among female Research Scholars 100% in the negative which means there are no responses for Yes or Don't Know (Refer Table No. VIII & Figure 3.1).

As the calculated value of chi sq. (X^2) is 11.2 which is greater than the tabulated value which is 5.99 at 2df and at 5% level of significance. Therefore it is significant, so we can say that respondents have good knowledge that eating or drinking from the same plates or cups do not spread HIV/AIDS from one person to the other.

	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Yes	2	5	4	0	11
No	226	197	95	100	618
Don't Know	2	8	1	10	21
Total	230	210	100	110	650

Table. VIII

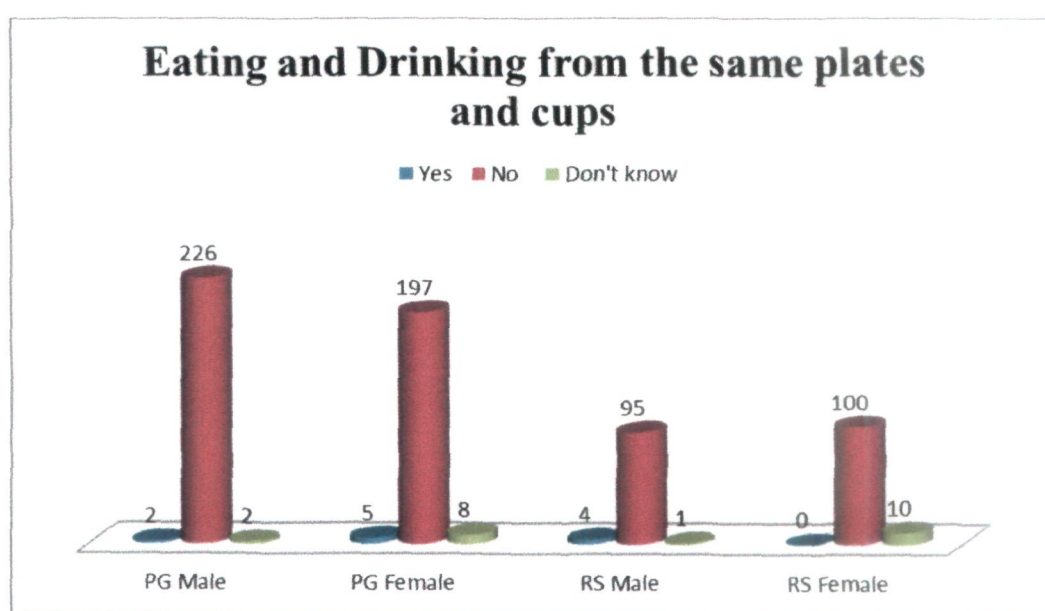


Figure -3.1

When asked about the aspect that by shaking hands, hugging or living in the same house can spread HIV/AIDS from one person to the other.

Among male Post Graduate students the response was 0.4% in the affirmative, 98.2% in the negative and 1.3% as did not know. (Refer Table No. IX & Figure 3.2).

Among female Post Graduate students the response was 2.3% in the affirmative, 94.7% in the negative and 2.8% as did not know. Among male Research Scholars, 4% in the affirmative, 95% in the negative and only 1% as did not know (Refer Table No. IX & Figure 3.2).

Among female Research Scholars 94.5% in the affirmative, 5.5% as did not know which means no one responded for Yes (Refer Table No. IX & Figure 3.2).

As the calculated value of chi sq. (X^2) is 1.7 which is less than the tabulated value which is 5.99 at 2df and at 5% level of significance. Therefore it is insignificant, so we can say that respondents have knowledge that shaking hands/hugging/living in the same do not spread HIV/AIDS from one person to the other.

	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Yes	1	5	4	0	10
No	226	199	95	104	624
Don't Know	3	6	1	6	16
Total	230	210	100	110	650

Table. IX

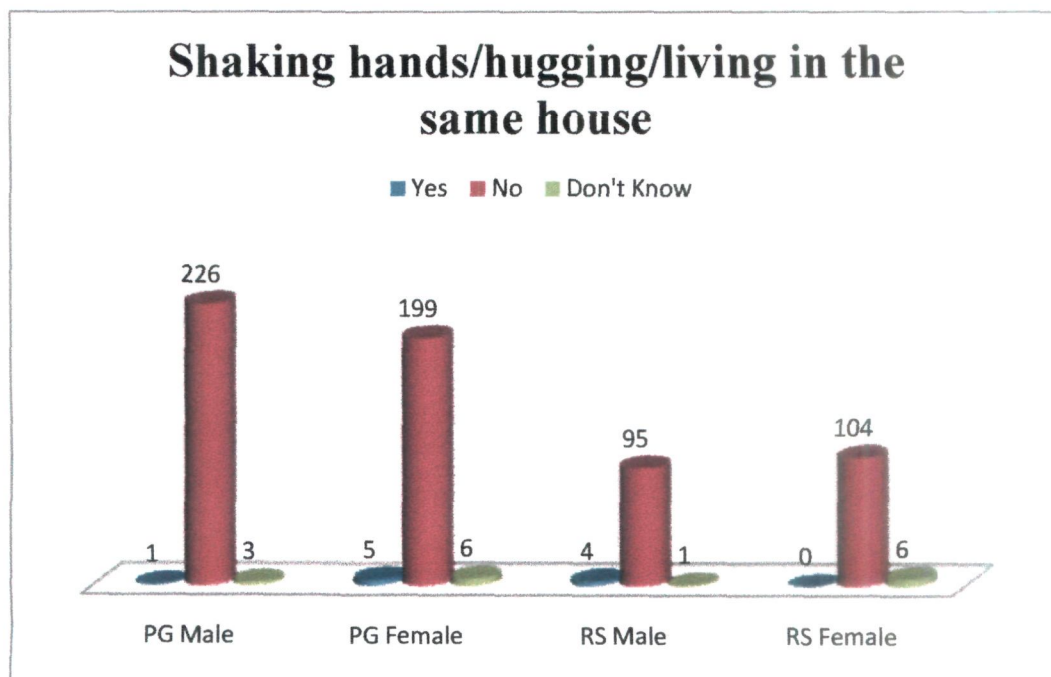


Figure -3.2

When the question whether washing, changing clothes for someone who has HIV/AIDS can cause HIV/AIDS from one person to the other was asked.

Among the male Post Graduate students in the negative 100%, it means No one responded for Yes and Don't Know (Refer Table No. X & Figure 3.3).

Among female Post Graduate student responded 3.3% in the affirmative, 70.9% in the negative and 25.7% as did not know (Refer Table No. X & Figure 3.3).

Among male Research Scholars 2% responded in the affirmative, 91% in the negative and 7% as did not know (Refer Table No. X & Figure 3.3).

Among female Research Scholars responded 97.2% in the negative, 2.8% as did not know which means no one responded for Yes (Refer Table No. X & Figure 3.3).

As the calculated value of chi sq. (X^2) is 10.2 which is greater than the tabulated value which is 5.99 at 2df and at 5% level of significance. Therefore it is significant, so we can say that respondents have good knowledge that washing, changing clothes for someone who has HIV/AIDS cannot cause infection from one person to the other.

	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Yes	0	7	2	0	9
No	230	149	91	107	577
Don't Know	0	54	7	3	64
Total	230	210	100	110	650

Table. X

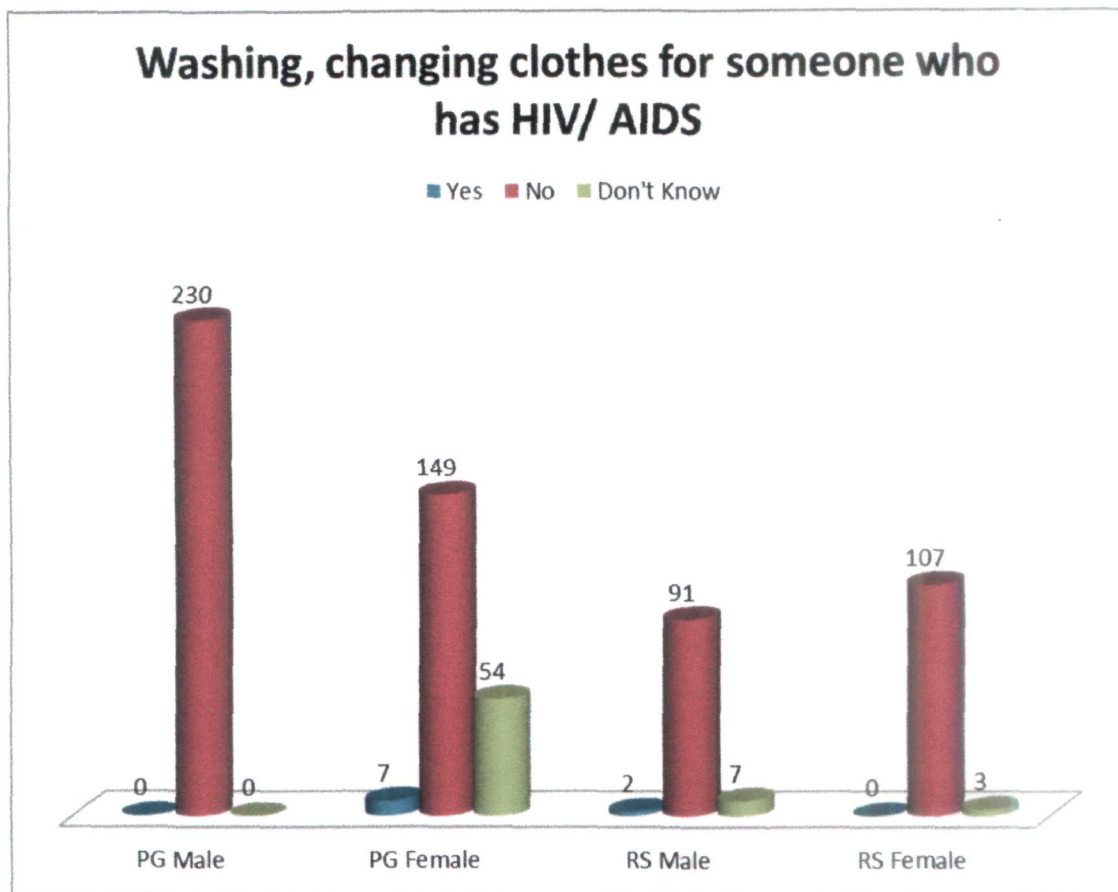


Figure -3.3

The response to the possibility of contracting HIV/AIDS from kissing an infected person was quite mixed. Among **male** Post Graduate students 19.1% responded in the affirmative, 74% in the negative and 6% as did not know. Among female Post Graduate students the response was 25.7% in the affirmative, 69.9% in the negative and 12.3% as did not know. (Refer Table No. XI & Figure 3.4).

Among male Research Scholars 24% responded in the affirmative, 56% in the negative and 20% as did not know (Refer Table No. XI & Figure 3.4).

Among female Research Scholars 13.7% responded in the affirmative, 69% in the negative and 17.3% as did not know (Refer Table No. XI & Figure 3.4).

As the calculated value of chi sq. (X^2) is 11.2 which is greater than the tabulated value which is 5.99 at 2df and at 5% level of significance. Therefore it is significant, so we can say that respondents have good knowledge that through kissing does not spread HIV/AIDS from one person to the other.

	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Yes	44	54	24	15	137
No	172	130	56	76	434
Don't Know	14	26	20	19	79
Total	230	210	100	110	650

Table. XI

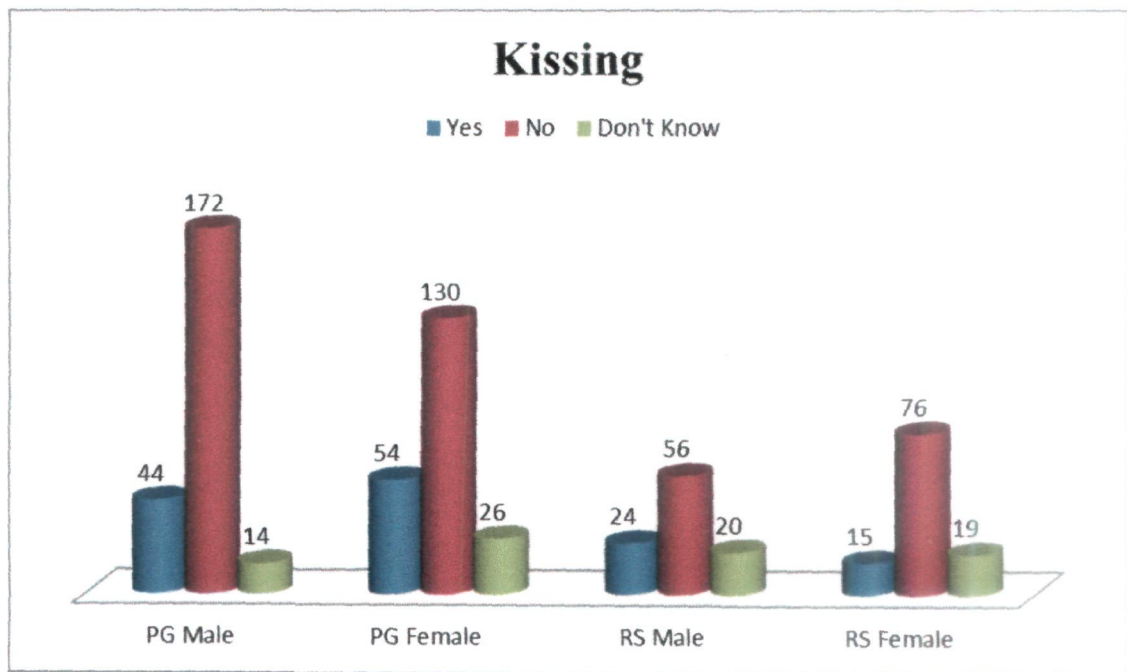


Figure -3.4

Sexual contact is considered to be the most accepted reason of spreading HIV/AIDS. The respondents have almost clear idea about this aspect.

Among the male Post Graduate students 97.8% responded in the affirmative, 0.9% in the negative and some 1.3 % as did not know (Refer Table No. XII & Figure 3.5).

Among female Post Graduate students 85.7% responded in the affirmative, 3.8% in the negative and 10.4% as did not know (Refer Table No. XII & Figure 3.5).

Among male Research Scholars, 100% responded in the affirmative, nobody answered in the negative or did not know (Refer Table No. XII & Figure 3.5).

Among female Research Scholars 97.2% responded in the affirmative, a meagre 2.8% as did not Know and there was not a single reply in the negative (Refer Table No. XII & Figure 3.5).

As the calculated value of chi sq. (X^2) is 10.8 which is greater than the tabulated value which is 5.99 at 2df and at 5% level of significance. Therefore it is significant, so we can say that respondents have good knowledge that sexual contact is the most probable reason for spreading of HIV/AIDS from one person to the other.

	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Yes	225	180	100	107	612
No	2	8	0	0	10
Don't Know	3	22	0	3	28
Total	230	210	100	110	650

Table. XII

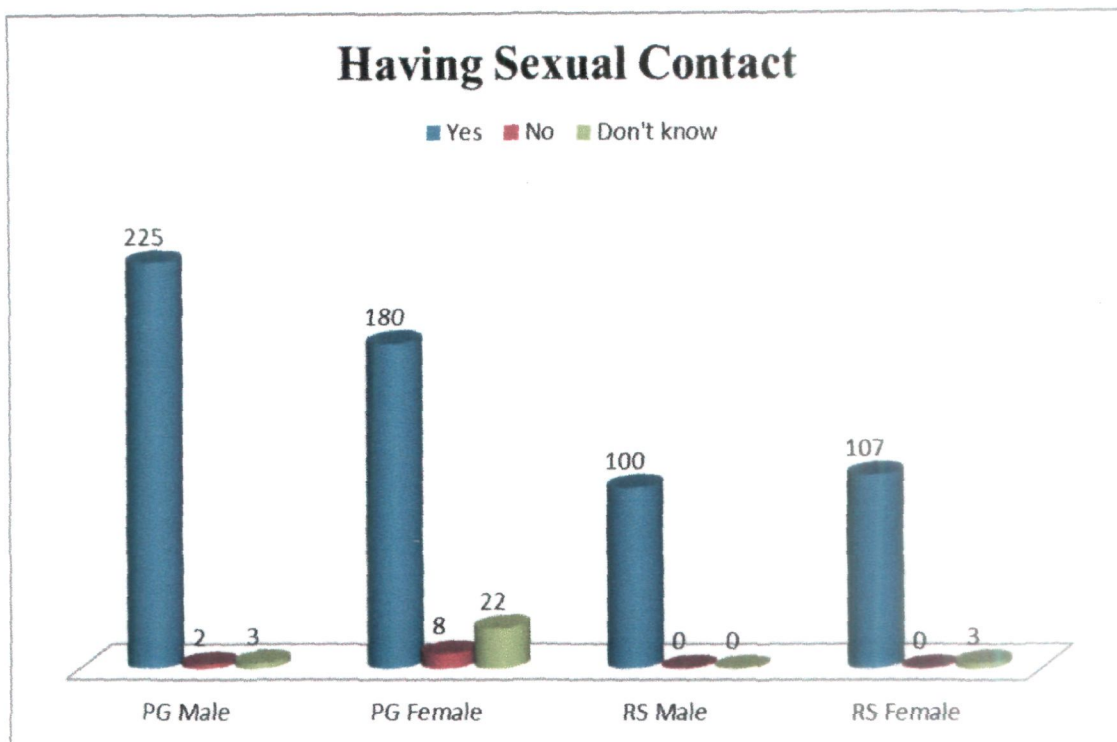


Figure -3.5

A lot of people take drugs through injections and these drug addicts share these needles laced with infections which can cause HIV/AIDS and can be spread from one injecting drug user to the other. When the question whether this kind of action would help in spreading HIV/AIDS from one person to the other.

The statistical analysis shows that among the male Post Graduate students responded 89.1% in the affirmative, 2.6% in the negative and 8.2% as did not know (Refer Table No. XIII & Figure 3.6).

Among female Post Graduate students responded 80.9% in the affirmative, 5.7% in the negative and 13.3% as did not know (Refer Table No. XIII & Figure 3.6).

Among male Research Scholars, 85% responded in the affirmative, nobody responded No and 15% as did not know (Refer Table No. XIII & Figure 3.6).

Among female Research Scholars 91% responded in the affirmative, 1.8% in the negative and 7.3% as did not know (Refer Table No. XIII & Figure 3.6).

As the calculated value of chi sq. (X^2) is 8.1 which is greater than the tabulated value which is 5.99 at 2df and at 5% level of significance. Therefore it is significant, so we can say that respondents have good knowledge that sharing of needles while injecting drugs can cause HIV/AIDS infection from one person to the other.

	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Yes	205	170	85	100	560
No	6	12	0	2	20
Don't Know	19	28	15	8	70
Total	230	210	100	110	650

Table. XIII

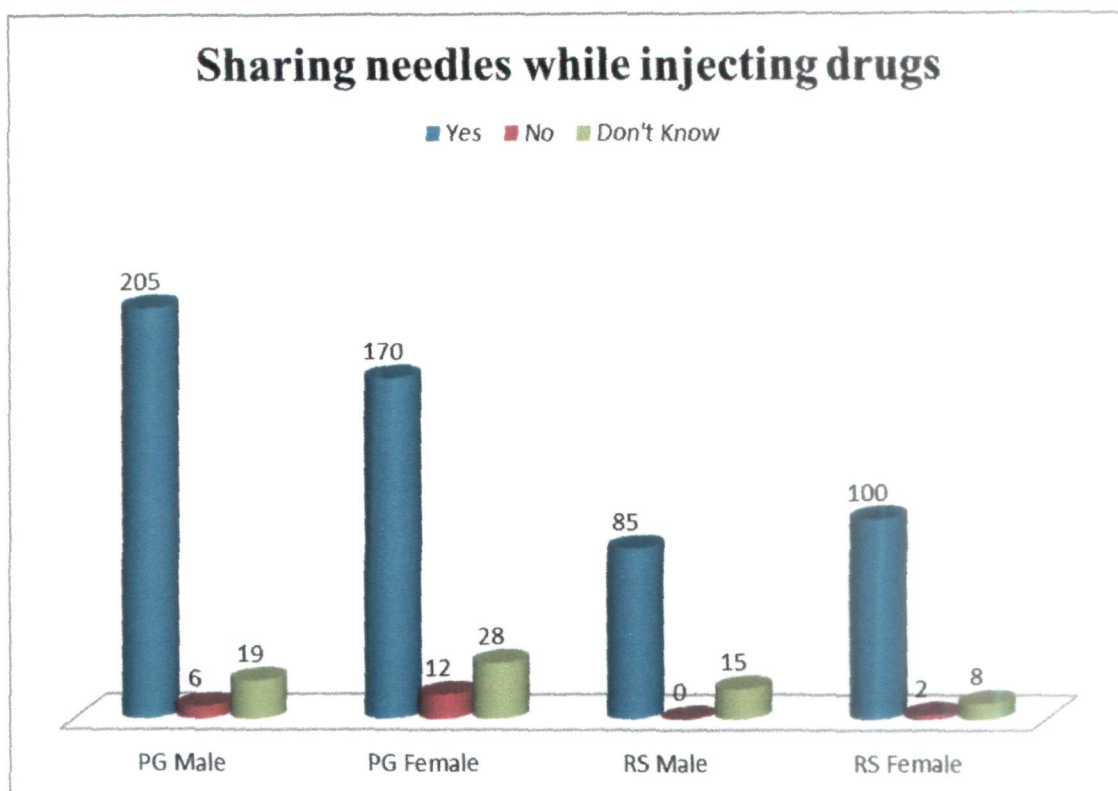


Figure -3.6

The most important part of a woman's life is to become a mother and the aspect whether a baby can contract HIV/AIDS from his lactating mother has put some serious doubts in the minds of the public.

This shows in the response from the selected population where male Post Graduate students responded 33.9% in the affirmative, 44.7 % in the negative and 21.3 % as did not know (Refer Table No. XIV & Figure 3.7).

Among female Post Graduate students 35.7% responded in the affirmative, 31.4% in the negative and 32.8% as did not know (Refer Table No. XIV & Figure 3.7).

Among male Research Scholars 31% responded in the affirmative, 27% in the negative and 42% as did not know (Refer Table No. XIV & Figure 3.7).

Among female Research Scholars 20% responded in the affirmative, 53.6% in the negative and 26.3% as did not know (Refer Table No. XIV & Figure 3.7).

As the calculated value of chi sq. (X^2) is 7.0 which is greater than the tabulated value which is 5.99 at 2df and at 5% level of significance. Therefore it is significant, so we can say that respondents have knowledge that through breastfeeding HIV/AIDS do not spread from mother to baby.

	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Yes	78	75	31	22	206
No	103	66	27	59	255
Don't Know	49	69	42	29	189
Total	230	210	100	110	650

Table. XIV

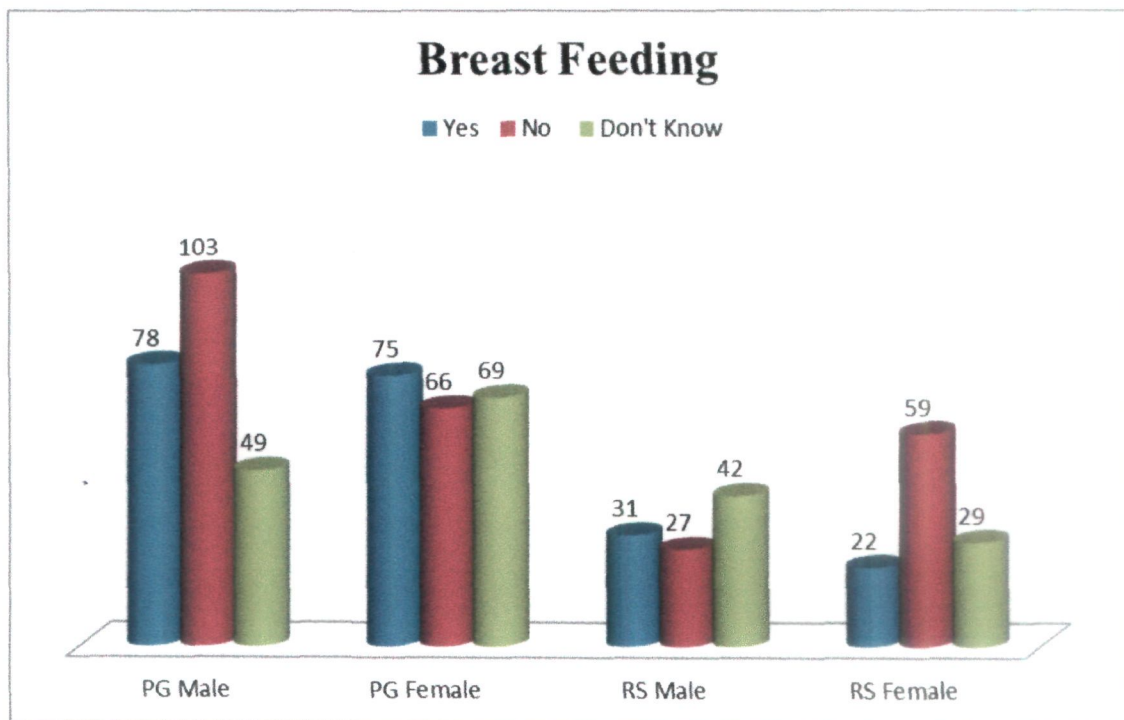


Figure -3.7

Another perspective through which the virus of HIV/AIDS spreads from mother to the baby during pregnancy. There was opaque opinion of the respondents because some of them do not have any idea about this aspect.

The statistical review shows that male Post Graduate students responded 73.4% in the affirmative, 4.3% in the negative and 21.1 % as did not know (Refer Table No. XV & Figure 3.8).

Among female Post Graduate students 60% responded in the affirmative, 8.5% in the negative and 31.4% as did not know (Refer Table No. XV & Figure 3.8).

Among male Research Scholars 74% responded in the affirmative, 2% in the negative and 24% as did not know (Refer Table No. XV & Figure 3.8).

Among female Research Scholars 74% responded in the affirmative, a little 5.5% in the negative and 15.5% as did not know (Refer Table No. XV & Figure 3.8).

As the calculated value of chi sq. (X^2) is 7.3 which is greater than the tabulated value which is 5.99 at 2df and at 5% level of significance. Therefore it is significant, so we can say that respondents have good knowledge that HIV/AIDS is spread from mother to child during pregnancy.

	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Yes	169	126	74	87	456
No	10	18	2	6	36
Don't Know	51	66	24	17	158
Total	230	210	100	110	650

Table. XV

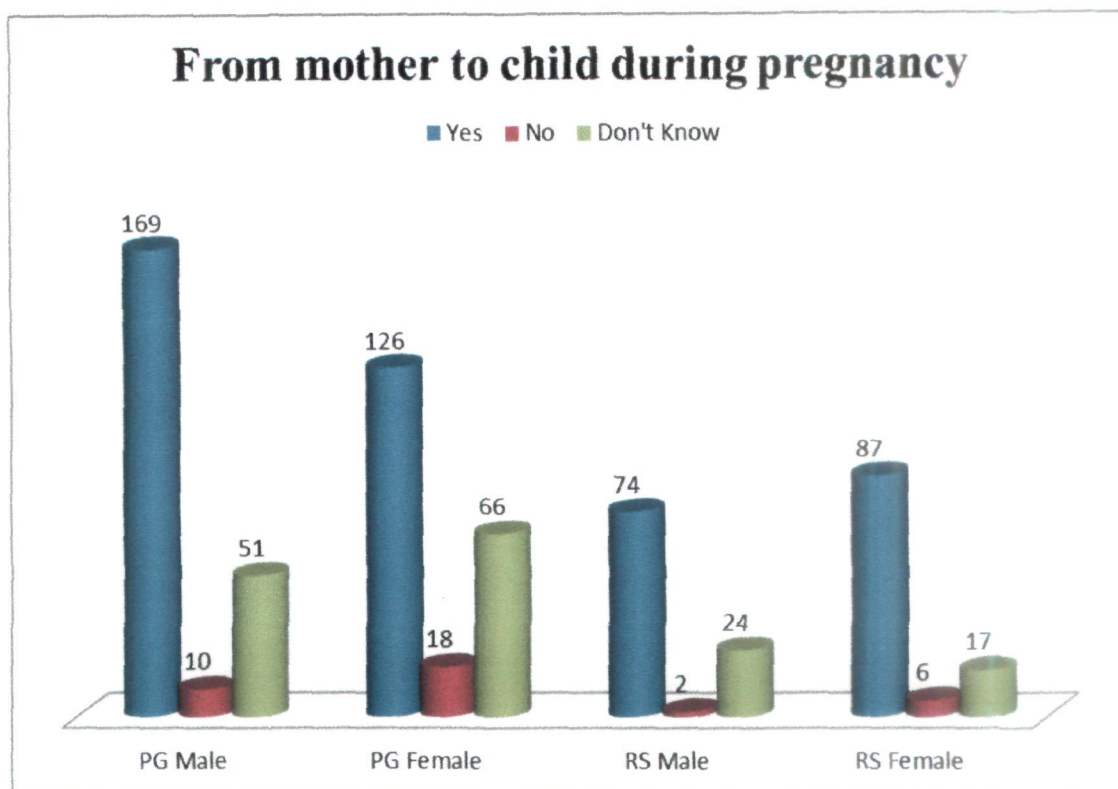


Figure -3.8

Apart from the causes discussed above in which an individual is responsible for the spread of HIV/AIDS, an external factor, mosquito, created confusion in the minds of the general public. Although it is a clinically proven fact that HIV/AIDS does not spread through mosquito because the blood that it takes from an infected person kills the virus during his digestion and does not pass to the other. We asked questions about it and the respondents have disproportionate views in this regard.

Among male Post Graduate students 7.3% responded in the affirmative, 61.3% in the negative and 31.3% as did not know (Refer Table No. XVI & Figure 3.9).

Among female Post Graduate students 10% responded in the affirmative, 58.5% in the negative and 31.4% as did not know (Refer Table No. XVI & Figure 3.9).

Among male Research Scholars 4% responded in the affirmative, 63% in the negative and 33% as did not know (Refer Table No. XVI & Figure 3.9).

Among female Research Scholars 3.7% responded in the affirmative, a whopping 76.3% in the negative and 20% as did not know means they fairly have no idea about it (Refer Table No. XVI & Figure 3.9).

As the calculated value of chi sq. (X^2) is 8.2 which is greater than the tabulated value which is 5.99 at 2df and at 5% level of significance. Therefore it is significant, so we can say that respondents have good knowledge that through mosquitoes HIV/AIDS do not spread from one person to other.

	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Yes	17	21	4	4	46
No	141	123	63	84	411
Don't Know	72	66	33	22	193
Total	230	210	100	110	650

Table. XVI

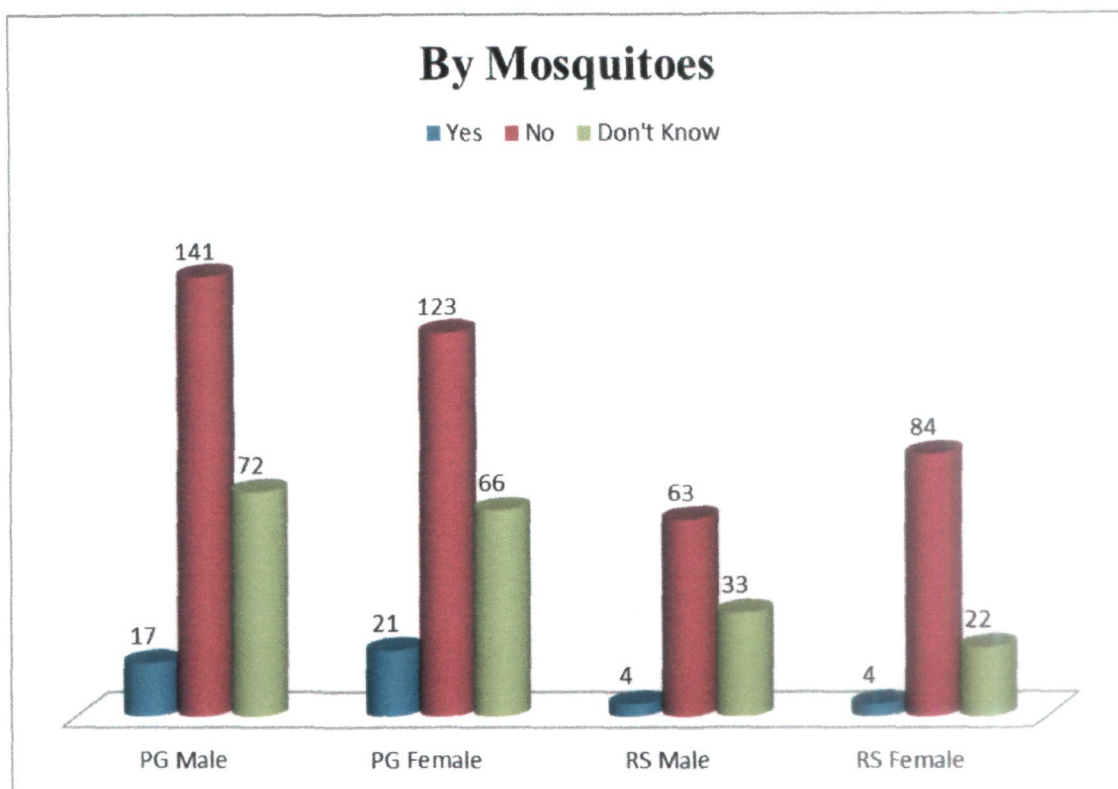


Figure -3.9

4. Knowledge about AIDS

Moving on to the knowledge about HIV/AIDS, this profile tries to find some basic knowledge of the respondents through some questions asked in the manner of Yes, No and don't know.

Firstly, the question was asked about what is the probable age in which a respondent first heard about HIV/AIDS. Age groups were devised on the basis of the pilot study conducted on the targeted population. The average age for the first group (10-14 years) is 12 years, for the second group (14-18 years) is 16 years, the third and the last group (18-21 years) has an average age of 19.5 years (Refer Table No. XVII & Figure 4.1). For the first group, if we talk about male Post Graduate there are 73% and for female Post Graduate it is 42% as in the case of male Research Scholars it is 60% and for females is 41%. When we look at the second group which ranges from 14-18 years we find that male Post

Graduate are 25% and the female one's are 49%. The third group having a range 18-21 years had small percentage, for male Post Graduate it is 2% and females are 8.5%, in the case of Research Scholars it is 5% for males and 4.5% for females (Refer Table No. XVII & Figure 4.1). If we look in totality 56% belong to the group of 10-14 years including males and females of Post Graduate and Research Scholars. Similarly for the second group of 14-18 years it is 39% and last group of 18-21 years have a very negligible percentage of 5% (Refer Table No. XVII & Figure 4.1).

Age in Years	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
10-14	168	89	60	45	362
14-18	58	103	35	60	256
18-21	4	18	5	5	32
Total	230	210	100	110	650

Table. XVII

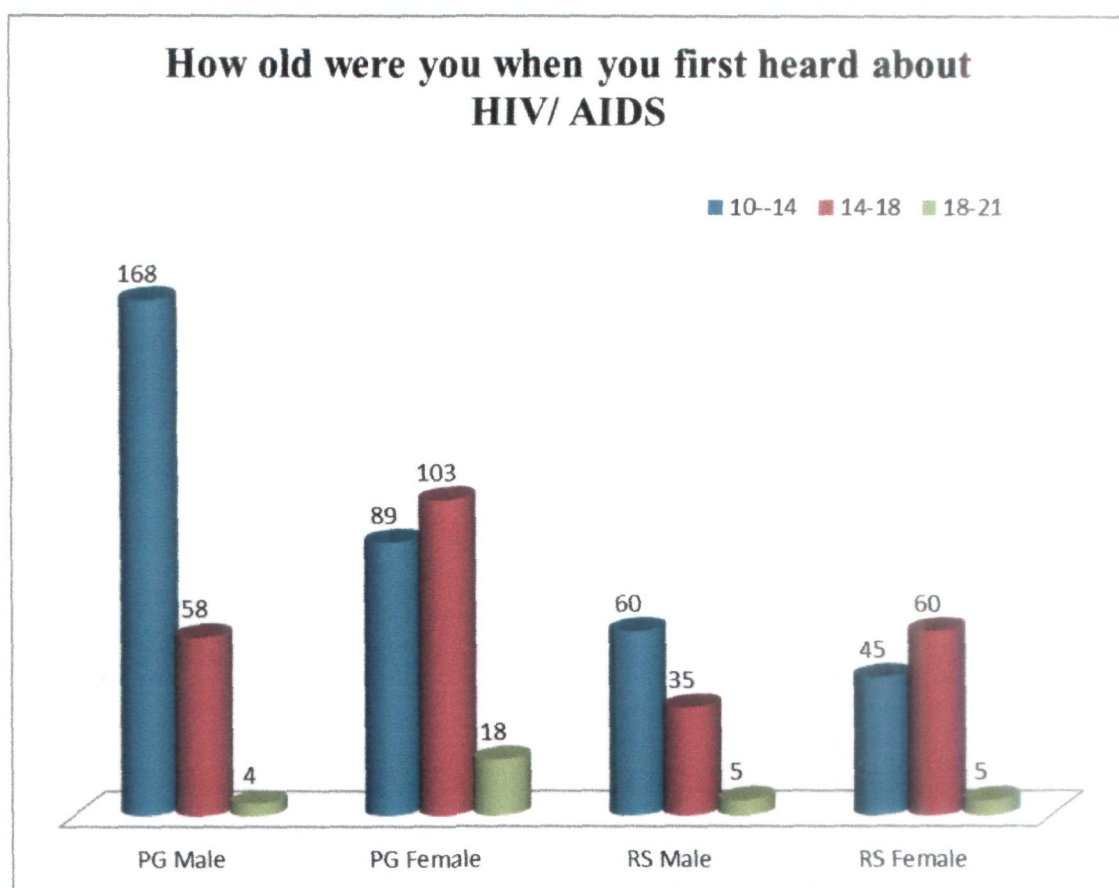


Figure -4.1

One of the basic ideas of understanding the disease is to know the difference between HIV and AIDS. A simple question was asked to the selected population whether there is any difference between HIV and AIDS.

The respondents replied in the manner where 47% of the male Post Graduate in the affirmative, only 2% in the negative and 49% as did not know (Refer Table No. XVIII & Figure 4.2).

Among female Post Graduate students responded 51% in the affirmative, mere 2% in the negative and 48% as did not know (Refer Table No. XVIII & Figure 4.2).

If we have a glance over male Research Scholars we find that 65% responded in the affirmative, 4% in the negative and 31% as did not know (Refer Table No. XVIII & Figure 4.2).

Among female Research Scholars responded 58% in the affirmative, 14% in the negative and 28% as did not know (Refer Table No. XVIII & Figure 4.2).

If we find it in overall percentage, 53% says they know the difference HIV and AIDS, 5% does not know the difference and objectively 42% does not have any clue whether there is any difference or not (Refer Table No. XVIII & Figure 4.2).

The calculated value of chi sq. (X^2) is 28.4 which is greater than the tabulated value which is 5.99 at 2df and at 5% level of significance. Therefore it is significant, so we can say that respondents have good knowledge that there is difference between HIV and AIDS.

	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Yes	109	107	65	64	345
No	8	4	4	15	31
Don't Know	113	99	31	31	274
Total	230	210	100	110	650

Table. XVIII

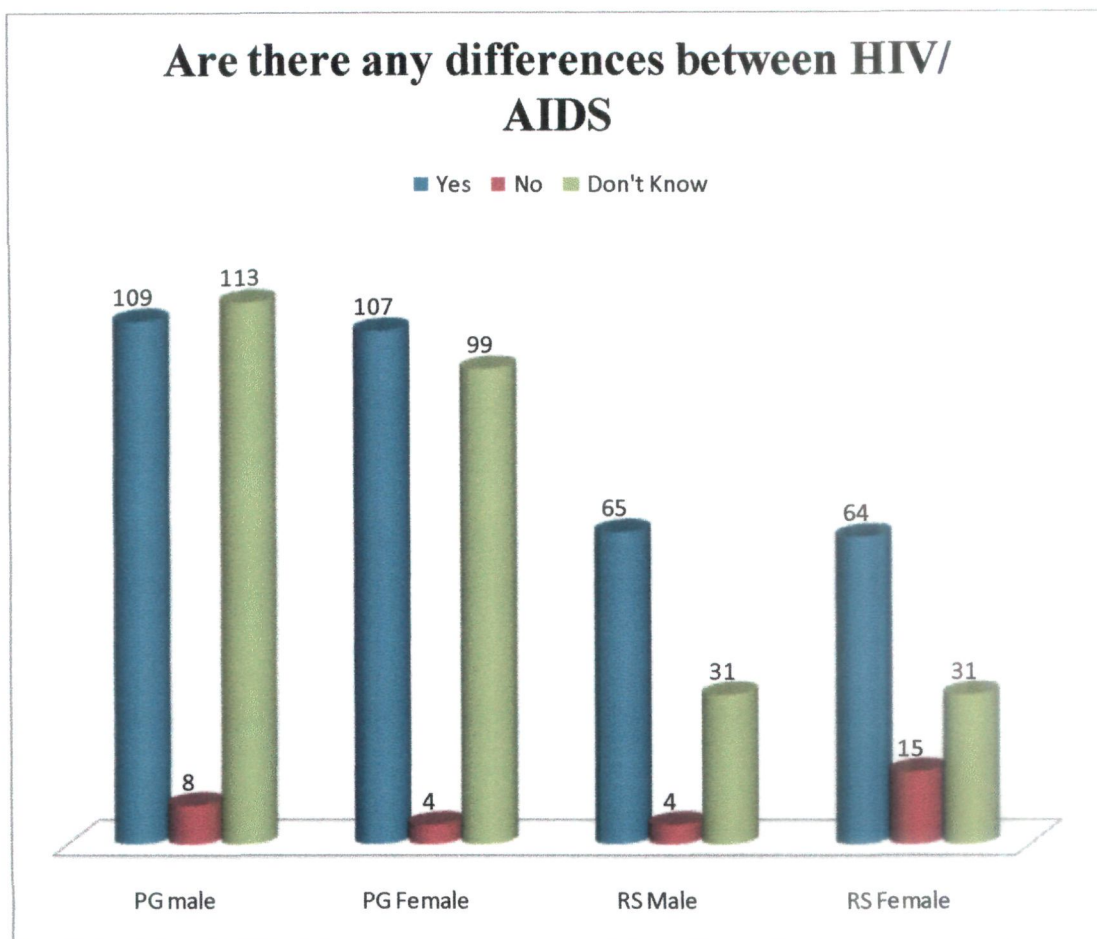


Figure -4.2

It is always said that 'prevention is better than cure' but it can be practiced when someone is aware. We can prevent ourselves by being aware of the implications of the disease. HIV/AIDS is one such disease which can only be averted when an individual is aware enough to understand the danger of it. To test the awareness profile of the selected population, a question was asked in the manner of Yes, No and Don't Know, to them whether they know any ways to protect themselves from the infection of HIV. Here we see what the respondent population replied.

Among male Post Graduate students 56% responded in the affirmative, 21.8% in the negative and 21.2% as did not know (Refer Table No. XIX & Figure 4.3).

Among female Post Graduate students 48% responded in the affirmative, 28% in the negative and 24% as did not know (Refer Table No. XIX & Figure 4.3).

If we look at male Research Scholars 31% responded in the affirmative, 35% in the negative and 34% as did not know (Refer Table No. XIX & Figure 4.3).

Among female Research Scholars 49% responded in the affirmative, 30% in the negative and 25% as did not know (Refer Table No. XIX & Figure 4.3).

When we see it in an overall percentage, it is quite bigger with 48% who responded in the affirmative for both the groups (males and females), for No it is 28% and 25% favour in the way they clearly don't know any ways to protect themselves.

The calculated value of chi sq. (X^2) is 11.3 which is greater than the tabulated value which is 5.99 at 2df and at 5% level of significance. Therefore it is significant, so we can say that respondents have knowledge that respondents know the ways to protect themselves from HIV/AIDS.

	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Yes	129	100	31	49	309
No	51	60	35	33	179
Don't Know	50	50	34	28	162
Total	230	210	100	110	650

Table. XIX

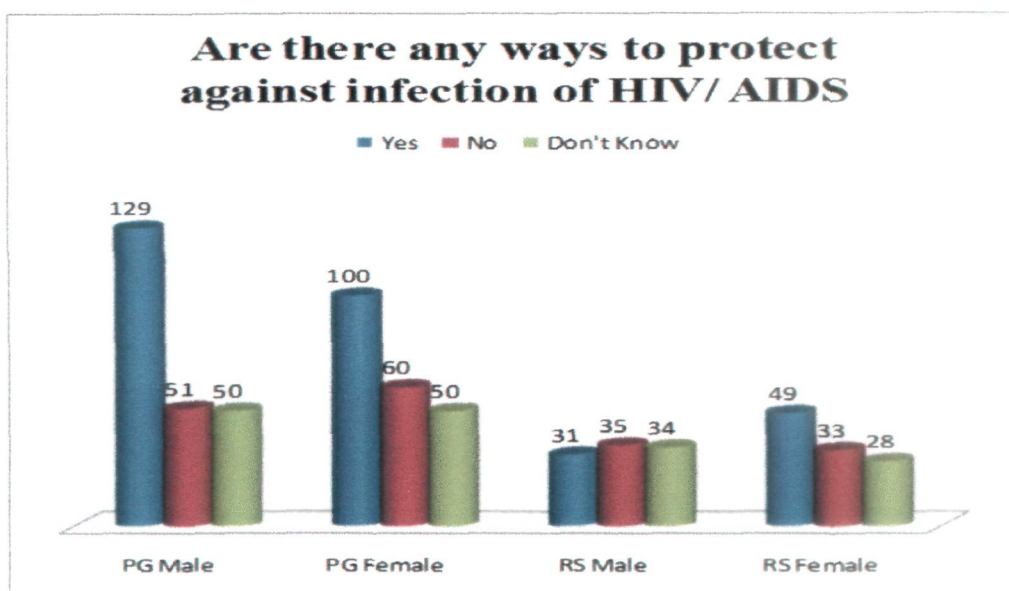


Figure -4.3

For disease like HIV/AIDS, there is as such no complete medicine which can eradicate the infection completely, because disease is caused due to the failure of immunity from the body and some can partially control it like the Nevirapine.

When it was enquired from the respondents whether in their opinion, apart from the regular medicines, they know any other ways to cure HIV/AIDS in the mode of Yes and No.

Here we see what they replied beginning with male Post Graduate students 23% responded in the negative and 77% in the affirmative.

Among female Post Graduate students 31% responded in the affirmative and 69% in the negative (Refer Table No. XX & Figure 4.4). Now if we combine both the males and females of Post Graduate, we find that 27% responded in the affirmative and 73% in the negative (Refer Table No. XX & Figure 4.4).

Similarly, male Research Scholars responded 20% in the affirmative and a staggering 80% as negative. Among female Research Scholars, 28% responded in the affirmative and 76% in the negative (Refer Table No. XX & Figure 4.4).

Similarly, male Research Scholars responded 20% in the affirmative and a staggering 80% as negative. Among female Research Scholars, 28% responded in the affirmative and 76% in the negative (Refer Table No. XX & Figure 4.4).

We can also combine both males and females of Research Scholars with 24% responded in the affirmative and the remaining replied at 76% as negative (Refer Table No. XX & Figure 4.4).

There another way to understand this, if we pool this data in the manner of Yes and No, 74% responded in the affirmative and 26% as negative (Refer Table No. XX & Figure 4.4).

The calculated value of chi sq. (X^2) is 0.4 which is less than the tabulated value which is 3.84 at 1df and at 5% level of significance. Therefore it is insignificant, so we can say that respondents have clearly pointing out that there is no such cure for HIV/AIDS.

	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Yes	52	65	20	31	168
No	178	145	80	79	482
Total	230	210	100	110	650

Table. XX

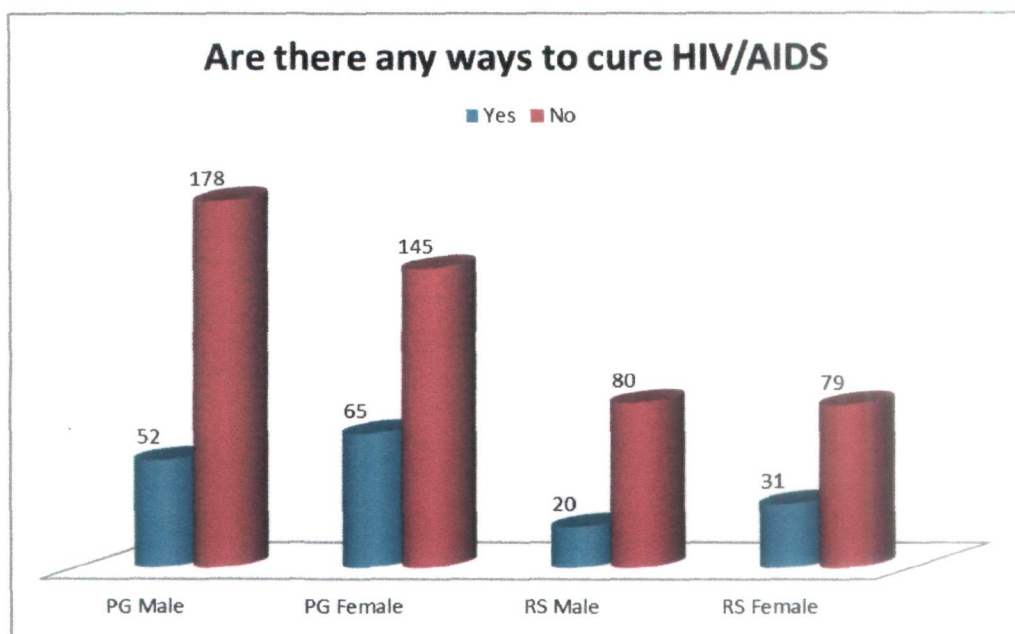


Figure -4.4

Awareness can be gained only through right information. The respondents were finally asked a question about they got enough information regarding HIV/AIDS for their awareness. This question was in the tested custom of Yes, No and Don't Know.

Starting from male Post Graduate students responded 40% in the affirmative, 34% in the negative and 26% as did not know (Refer Table No. XXI & Figure 4.5).

Among female Post Graduate students responded 51% in the affirmative, 30% in the negative and 19% as did not know (Refer Table No. XXI & Figure 4.5).

If we amalgamate males and females as one group i.e. Post Graduates, the total group would come as 45% responded in the affirmative, 32.5% in the negative and 22.5% as did not know (Refer Table No. XXI & Figure 4.5).

Among male Research Scholars responded 29% in the affirmative, 43% in the negative and 28% as did not know (Refer Table No. XXI & Figure 4.5)

Among the female Research Scholars 40% responded in the affirmative, 28% in the negative and 32% as did not know (Refer Table No 4.5).

Similarly if we combine the males and females as one group we see that 34.8% responded in the affirmative, 35.2% in the negative and 30% as did not know (Refer Table No. XXI & Figure 4.5).

To better highlight the results, we take percentages of the opinion with 42% responding in affirmative, 33% in negative and 25% as did not know (Refer Table No. XXI & Figure 4.5) means they are not sure they have got all the information.

The calculated value of chi sq. (X^2) is 7.5 which is greater than the tabulated value which is 5.99 at 2df and at 5% level of significance. Therefore it is significant, so we can say that respondents think that they have got sufficient amount of information regarding HIV/AIDS.

	Post Graduate		Research Scholar		Total
	Male	Female	Male	Female	
Yes	92	107	29	44	272
No	78	64	43	31	216
Don't Know	60	39	28	35	162
Total	230	210	100	110	650

Table. XXI

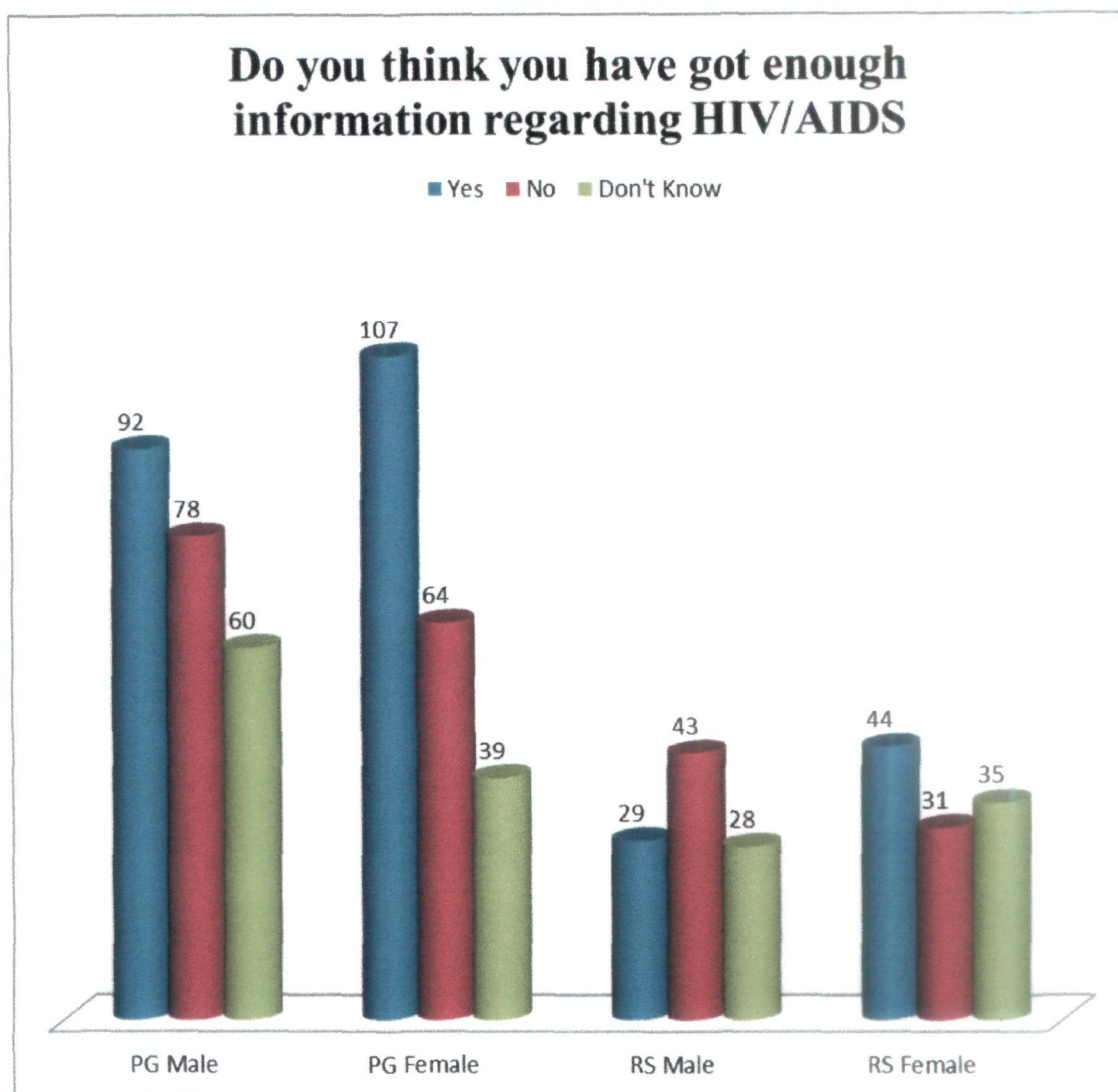


Figure - 4.5

From the above statistical analysis and review, the present study tries to study demographic profile, media awareness, knowledge and beliefs about HIV/AIDS among Post Graduate and Research Scholar students in an inclusive manner and positive evidences have been noticed. Taking into account all the phases of analysis, the targeted students at A.M.U campus have good knowledge of HIV/AIDS. Additional efforts are needed to make them fully aware of the ways through which they can prevent themselves.

It can be seen in the fact that majority of the students have gained their knowledge from the basic media sources like TV, radio and

newspaper. One basic element that has come to the notice that a lot of students derive their basic awareness from non-electronic media like outdoor advertising which consist of banners, posters, hoardings, pamphlets, brochures etc. Although there was decline sometimes ago in listenership of the radio, but with the coming of FM channels, the access to radio is simple, you can listen even through a mobile. Mobile plays an important role in keeping loads of information available at hand. Most of the students got their share of information through it. TV on the other hand plays equally important part in spreading awareness and the students of the targeted groups get the fair share of their information from the previously called 'idiot box'.

An enquiry was also made on how they first came to know about the disease. The results show that majority of them had school as their first source of information. Mass media comes as a second fiddle.

Most of the students had clear awareness that HIV/AIDS cannot be spread by eating and drinking in the same plates and cups. They also show their intent of good knowledge about contracting of HIV/AIDS by shaking hands, hugging or living in the same house. This was also same in the case of washing or changing clothes for a person who is already infected with HIV/AIDS, although there are some females from Post Graduation, who have bit of apprehension about this fact.

There was slight pushover when they are asked about whether kissing can be a cause of HIV/AIDS. Most of the students deny the fact, but some of them agree that kissing can be the probable act through which one can get infected. Unprotected sexual contact is the main cause of infection as stated by most of the students but some of them don't have any clue about it. Being at the senior level of their education, the students of the campus clearly know that sharing of needles can cause HIV/AIDS.

One of the fact which is clear to the student that through breastfeeding, a baby cannot get infected through her mother. The results show very mixed reactions from the students. Some have clear thought but vast parts of them are in a state of doubt. As we have discussed earlier most of the students have good knowledge but they are not sure about the modes of transmission, most of them said that a baby get infected during pregnancy but a fair amount of students think it is not and some are in dilemma.

As we have discussed in the last paragraph, some of the facts created a sense of confusion in the minds of the students, transmission of HIV virus through mosquito received mixed response, although majority say that mosquito can't spread HIV/AIDS, but few thinks that it can be possible.

When asked about their probable age they first heard about HIV/AIDS. The division was proportionate in terms of males and females. The males had first heard in the initial stages of teenage. The female had heard in the last phase of adolescence. This means males are more open to information in their primary part of their adolescent hood. Females used to know about HIV/AIDS after they passed the secondary education.

Difference between HIV and AIDS is clear to the majority of students, but a number of students do not have any idea about it. Means they should be informed through basic education in their syllabus. The students are sure of ways through which one can protect her/himself from infection. When they are asked that, is there any possible cure apart from medicines exists for HIV/AIDS, a large number of respondents have no idea about it.

The question of getting rightful amount of information regarding HIV/AIDS throws some mixed reactions from the students of the targeted

population. Students from the Post Graduation thinks that they have sufficient information specially females. Some are very thoughtful as they say they do not acquire much information and some are in a very serious state of doubt, whether the information they have is enough or not.

Although the study is not based on a very large sample, the analytical results will open more windows for policy initiation. The students need to have timely and precise information which is appropriate to their age from the danger of getting caught in the web of HIV/AIDS. A surging need is felt to make them fully aware so that they can talk freely to the parents or may be to their teachers. Others factors like the severity of the disease, the risk involved and an open atmosphere where they can share their part of information.

The analysis finds that the mass media reach and exposure is not affected by the age and sex of the respondents. There is no relationship between first source of information and subsequent HIV/AIDS awareness. In this case the best source of information happens to be radio in maximum number of cases. However, a definite relationship has been found between recall of messages on radio and TV and the HIV/AIDS profile. It clearly shows that consistent messages by radio and TV do have some retention in the minds of the respondents.

The media profile also revealed certain interesting factors. Newspapers readership is low in comparison to where audience for radio and TV are reasonably high. Media profile of the selected target group as such is quite high. This implies that there is lot of scope for mass media to use its potential.

Definite relationship had been found between the media profile and the HIV/AIDS awareness profile. Keeping in mind these findings, messages can be designed for different groups. Radio messages hold special significance as they have shown highest recall in this study

To give education about HIV/AIDS prevention, the administration of the university or the academic council can introduce syllabus pertaining to this topic in their initial semesters. Different associations of students and teachers should actively take part in promoting HIV/AIDS awareness. Bodies like student's union organise time to time workshops and camps for changing the attitude and behaviour towards HIV/AIDS. There is urgent need to change the attitude and behaviour of the students, which can only be possible through giving rightful information.

Conclusion

The general objective of this thesis was to review the role of media in generating HIV/AIDS awareness of the students of Aligarh Muslim University, Aligarh (U.P) India. Students of Post-Graduation and Research Scholars were the respondents of the selected target group. To know, how media play an important role in generating HIV/AIDS awareness amongst the target group the researcher put up some questions through a closed ended questionnaire regarding HIV/AIDS awareness.

Questions were asked about the mass media profile like from where they first heard about HIV/AIDS and which media gave them the best knowledge about HIV/AIDS. As we know there are various forms of media like TV, Radio and newspapers which are making constant efforts to spread awareness for HIV/AIDS. It was highlighted in one of the chapters of the thesis.

To analyse its role, the researcher has studied both aspect of media i.e. activities and actions. Different forms of media such as TV, radio, newspapers, magazines, internet, traditional media, banners, hoardings were included as part of the study. Their roles were analysed through the survey where it was found that radio is the best form of media selected by the respondents in getting useful information regarding HIV/AIDS. It is also an outcome of another objective of the thesis. A study conducted by NACO through IIMC, New Delhi in 2008 shows similar results where impact of the multimedia campaign is evaluated and it is assessed that radio and TV were reported as the highest media sources for receiving information on HIV/AIDS.

A study was also conducted in 2008 by P. Lal and Anitha Nath to find out the level of awareness about HIV/AIDS among senior secondary school children in New Delhi. With regard to the sources of information

about HIV/AIDS, 79.6% of the students mentioned that radio was the main source of information to them.

Another aspect which comes out clearly from the survey is that TV is another important media for the target population for getting messages about HIV/AIDS. Also a substantial share of respondents got their information from banners and hoardings which are parts of outdoor advertising. The survey questionnaire provided multiple choices to the respondents. As for newspapers and magazines it was observed from the survey that those respondents who have access to newspapers and magazines had seen messages relating to HIV/AIDS awareness. Similar trend was also seen in the case for internet, which has a limited access. From the responses of the target group, the researcher found that they received knowledge about HIV/AIDS and its implications and preventions from different forms of media. With the help of the survey and after the analysis of the data, researcher found that media played a very vital role to generate awareness amongst the target group. The conclusion is drawn that use of mass media in India needs attention from the policy makers and the government. A large fragment of programmes and campaigns related to HIV/AIDS awareness is run by the central government through NACO and State AIDS Control Societies. The foreign funding can only be utilised when we have structural framework. It was reviewed in the thesis that appropriate techniques be devised and rules must be made to fully understand the potential of mass media.

Through the survey the researcher also tried to find out the awareness level of the target group regarding HIV/AIDS. For which the respondents were asked questions like in what ways they thought that HIV/AIDS is spread from one person to the other. This section was further divided into 9 parts for getting a clear understanding of this

particular issue. In the subdivided part of the questionnaire, such questions were asked; whether eating or drinking from the same plates and cups, shaking hands/hugging/living in the same house, washing, changing clothes for someone who has HIV/AIDS can spread HIV/AIDS. Also whether kissing, having sexual conduct, sharing needles while injecting drugs, breastfeeding, from mother to child during pregnancy and mosquitoes bites could be reasons behind spread of HIV/AIDS.

The last part of the questionnaire asked the respondent to answer questions like how old were they when they first heard about HIV/AIDS, Is there any difference between HIV/AIDS, are there any ways to protect against infection from HIV/AIDS, is there a way to cure HIV/AIDS and lastly whether they think they have got enough information regarding HIV/AIDS. To achieve this objective the researcher analysed the data in which he found that the respondents or target group have good knowledge about the hazards of HIV/AIDS. They are fully aware of the misconceptions of the disease also.

Another objective of the thesis was to study the demographic profile of the target group. To know this question were asked related to age, sex, level of education, profession of parents and their marital status. These questions gave the researcher exact background of the respondents. When demographic profile of the respondent was analysed it was observed that majority of them lie in the age group of 24-27 years and are mostly unmarried. It is an essential part of the study because this particular age group is important for the development of the society.

We can conclude that the government as well as private organisations are taking several measures to check the spread of HIV/AIDS. It can also be concluded from literature analysis that communication is the only way

of sending awareness related messages. From the analysis it was found that several important steps taken to understand the dynamics of the spread of the disease have succeeded initially and some are in the developmental stages. By assessing the history and nature of HIV/AIDS we can conclude that a lot of work is still needed to be done.

We also conclude that government and the NGO's are doing a lot of work in sending messages through mass media for HIV/AIDS prevention and control. Foreign funding agencies are also contributing considerably for this noble cause. It is concluded that the work of NACO and the State AIDS Control Societies is not limited to displaying banners and hoardings only but they are also involved in giving proper care to the persons infected with HIV/AIDS.

It is finally concluded that the use of media for generating HIV/AIDS awareness in India needs more attention not only from the government, but also from policy makers and the media industry itself.

Suggestions

The following suggestions have emerged as a result of the study:

- HIV/AIDS must be made a part of the curriculum at all entry levels in the university.
- Teachers and staff members must be sensitised about HIV/AIDS.
- Different associations like the student's union should organise camps promoting awareness about HIV/AIDS on the campus.
- Documentaries and short films should be screened regularly for students on HIV/AIDS awareness.

- Banners and hoardings should be put up at common points like canteens and entry points of all halls of residences of boys and girls.

Communication through mass media can create an atmosphere for treating HIV/AIDS as a health threat and disable notions of sex as a taboo topic. It will further promote healthy discussions at home and the places of study.

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Department of Mass Communication

Questionnaire

Demographic Profile

1. Age: 21-23 27-29 30 or more
2. Sex Male Female
3. Are you a student of : P.G Research Scholar
4. Profession of parents:
- | | | | |
|--------|---------------|----------------|--------------|
| Father | Self Employed | Govt. Employee | Professional |
| Mother | Self Employed | Govt. Employee | Professional |
5. Marital status: Married Single

Mass Media Profile

6. From where you first heard about HIV/AIDS?
- ☐ From Friend
 - ☐ From school
 - ☐ From Media (TV, Radio, Newspaper, Internet, Others)
7. Which media gave you the best knowledge about HIV/AIDS
- (Tick as many)
- ☐ T.V
 - ☐ Radio
 - ☐ Newspaper & Magazines
 - ☐ Internet
 - ☐ Traditional(Puppet, Nukkad Natak etc)
 - ☐ Banner & Hoarding
 - ☐ Public Service Announcement

HIV/AIDS Awareness Profile

8. In what ways do you think HIV is spread from one person to another?
- a. Eating or drinking from the same plates and cups?
- Yes No Don't Know
- b. Shaking hands/hugging/living in the same house?
- Yes No Don't Know
- c. Washing, changing clothes for someone who has HIV/AIDS?

Yes No Don't Know

d. Kissing?

Yes No Don't Know

e. Having sexual contact?

Yes – No Don't Know

f. Sharing needles while injecting drugs?

Yes No Don't Know

g. Breastfeeding?

Yes No Don't Know

h. From mother to child during pregnancy or delivery?

Yes No Don't Know

i. By mosquitoes?

Yes No Don't Know

Knowledge of HIV/AIDS

9. How old were you when you first heard about HIV/AIDS?

10. Are there any differences between HIV and AIDS?

Yes No Don't Know

11. Are there any ways to protect you against infection of HIV/AIDS?

Yes No Don't Know

12. Are there any other ways to cure HIV/AIDS?

Yes No Don't Know

13. Do you think you have got enough information regarding HIV/AIDS?

Yes No Don't Know